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

March 6, 2020

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

Dear Joe:

Your 2018 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 August 17, 2020, 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 2018 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. There is an overpayment of \$16, of which \$16 has been applied to your 2019 estimated tax. Mail your Federal return on or before August 17, 2020 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Your 2018 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 August 17, 2020, but we would appreciate receiving the signed efile authorization as soon as possible. There is a balance due of \$10 payable by August 17, 2020. Mail your California payment voucher, Form 3586, on or before August 17, 2020 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

Enclosed is your 2018 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. There is an overpayment of \$12 of which \$12 has been applied to your 2019 estimated tax. Mail the California return on or before August 17, 2020 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700

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 \$150 payable by August 17, 2020. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before August 17, 2020 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Your estimated tax schedule for 2019 is listed below:

Due Date	990-T		California	
1/15/20	\$ 0		\$ 0	
3/16/20	818	Paid	483	Paid
6/15/20	393		0	
9/15/20	409		195	
	\$ 1,620		\$ 678	

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

Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service FOR FORM 990-T PURPOSES

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)
► Go to www.irs.gov/Form990W for instructions and the latest information.
► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

Intern	al Revenue Service	► Neep to	r you	r recoras. Do not sena	to the interr	iai Revenue	e Service.		
1	Unrelated business ta	axable income expe	ected	in the tax year				1	7,781.
2	Tax on the amount o	n line 1. See instru	ctions	s for tax computation				2	1,634.
3	Alternative minimum	tax for trusts. See	instru	uctions				3	
4	Total. Add lines 2 and	d 3						4	1,634.
5	Estimated tax credits	. See instructions.						5	
6	Subtract line 5 from I	ine 4						6	1,634.
7	Other taxes. See inst	ructions						7	
8	Total. Add lines 6 and	d 7						8	1,634.
9	Credit for federal tax	paid on fuels. See	instr	uctions				9	
10 a	is not required to mal	ke estimated tax pa	ayme	\$500, the organization nts. Private foundations	5,	10 a	1,634.		
ŀ	the tax year was for I	ess than 12 month	s, ski	instructions. Caution: I p this line and enter the	e amount	10 b			
	c 2019 Estimated Tax. enter the amount fror	Enter the smaller on line	f line	10a or line 10b. If the	organization	is required	to skip line 10b,	10 c	1,636.
				(a)	(t))	(c)		(d)
11	Installment due dates See instructions		11	1/15/20	3/16/2	0	6/15/20		9/15/20

			(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	1/15/20	3/16/20	6/15/20	9/15/20
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization'.	12	0.	818.	409.	409.
13	2018 Overpayment. See instructions	13	0.	0.	16.	0.
14	Payment due (Subtract line 13 from line 12)	14	0.	818.	393.	409.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2019)

PAID

File and Pay by the 15th day of the 4th 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. Installment 1 -

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to

the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2019 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not

staple, the payment with this form 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.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses.

Corporations can make an immediate payment or schedule payments up to

a year in advance. Go to ftb.ca.gov/pay for more information.

____ 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. Installment 1

CALIFORNIA FORM

Corporation Estimated Tax 2019

100-ES

94-2297746 00000000000 19 2 0733515 WHIT FORM

10-01-2019 TYE 09-30-2020

WHITE ASH BROADCASTING INC

CAITLIN JENSEN

TAXABLE YEAR

2589 ALLUVIAL AVENUE

559-862-2480 CLOVIS CA 93611

EST TAX AMT QSUB TAX AMT

TOTAL PAYMENT AMT

6101196 Form 100-ES 2018 CACA0501L 08/22/18 059

Installment 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.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to

the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2019 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not

staple, the payment with this form 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.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses.

Corporations can make an immediate payment or schedule payments up to

DETACH HERE

a year in advance. Go to **ftb.ca.gov/pay** for more information.

__ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE _ _

Caution: The corporation may be required to pay electronically. See instructions. Installment 2

TAXABLE YEAR CALIFORNIA FORM 100-ES

Corporation Estimated Tax 2019

0733515 94-2297746 00000000000 19 FORM WHIT

10-01-2019 TYE 09-30-2020

WHITE ASH BROADCASTING INC

CAITLIN JENSEN

2589 ALLUVIAL AVENUE

CA 93611 559-862-2480 CLOVIS

EST TAX AMT 483. QSUB TAX AMT

TOTAL PAYMENT AMT 483.

> Form 100-ES 2018 6101196 CACA0502L 08/22/18 059

Installment 3 — File and Pay by the 15th day of the 9th 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.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to

the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2019 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not

staple, the payment with this form 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.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses.

Corporations can make an immediate payment or schedule payments up to

a year in advance. Go to **ftb.ca.gov/pay** for more information.

___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE _ _

Caution: The corporation may be required to pay electronically. See instructions.

Installment 3

DETACH HERE

TAXABLE YEAR

CALIFORNIA FORM

Corporation Estimated Tax 2019

100-ES

0733515 94-2297746 00000000000 19 FORM WHIT

10-01-2019 TYE 09-30-2020

WHITE ASH BROADCASTING INC

CAITLIN JENSEN

2589 ALLUVIAL AVENUE

93611 559-862-2480 CLOVIS

EST TAX AMT **QSUB TAX AMT**

TOTAL PAYMENT AMT

Form 100-ES 2018 6101196 CACA0503L 08/22/18 059

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 Installment 4 penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to

the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2019 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not

staple, the payment with this form 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.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses.

Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

__ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE ____ DETACH HERE **Caution:** The corporation may be required to pay electronically. See instructions. Installment 4 TAXABLE YEAR CALIFORNIA FORM **Corporation Estimated Tax 20**19 100-ES 0733515 94-2297746 00000000000 19 FORM WHIT

10-01-2019 TYE 09-30-2020

WHITE ASH BROADCASTING INC

CAITLIN JENSEN 2589 ALLUVIAL AVENUE

CLOVIS 93611

559-862-2480

EST TAX AMT 195. QSUB TAX AMT

> TOTAL PAYMENT AMT 195.

6101196 Form 100-ES 2018 CACA0504L 08/22/18 059

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 10/01 , 2018, and ending 9/30 , 20 2019

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
WHITE ASH BROADCASTING INC.	94-2297746
Name and title of officer	
JOE MOORE PRESIDEN Part I Type of Return and Return Information (Whole Dollars Only)	VT
Check the box for the return for which you are using this Form 8879-EO and enter the appropriate the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the retuleave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you the applicable line below. Do not complete more than one line in Part I.	irn being filed with this form was blank, then
1 a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, colur 2 a Form 990-EZ check here ► D b Total revenue, if any (Form 990-EZ, line 9). 3 a Form 1120-POL check here ► D b Total tax (Form 1120-POL, line 22) 4 a Form 990-PF check here ► D b Tax based on investment income (Form 990-B a Form 8868 check here ► D b Balance Due (Form 8868, line 3c)	2 b 3 b 0-PF, Part VI, line 5) 4 b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that electronic return and accompanying schedules and statements and to the best of my knowledge I further declare that the amount in Part I above is the amount shown on the copy of the contintermediate service provider, transmitter, or electronic return originator (ERO) to send the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its funds withdrawal (direct debit) entry to the financial institution account indicated in the taxorganization's federal taxes owed on this return, and the financial institution to debit the contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business day authorize the financial institutions involved in the processing of the electronic payment of answer inquiries and resolve issues related to the payment. I have selected a personal ideorganization's electronic return and, if applicable, the organization's consent to electronic	and belief, they are true, correct, and complete. organization's electronic return. I consent to allow my e organization's return to the IRS and to receive from the treason for any delay in processing the return or designated Financial Agent to initiate an electronic preparation software for payment of the entry to this account. To revoke a payment, I must proport to the payment (settlement) date. I also taxes to receive confidential information necessary to entification number (PIN) as my signature for the
Officer's PIN: check one box only	
X I authorize PRICE, PAIGE & COMPANY to en	nter my PIN 38905 as my signature Enter five numbers, but do not enter all zeros
on the organization's tax year 2018 electronically filed return. If I have indicated within this rea state agency(ies) regulating charities as part of the IRS Fed/State program, I also a the return's disclosure consent screen.	eturn that a copy of the return is being filed with uthorize the aforementioned ERO to enter my PIN on
As an officer of the organization, I will enter my PIN as my signature on the organization's ta indicated within this return that a copy of the return is being filed with a state agency(program, I will enter my PIN on the return's disclosure consent screen.	ax year 2018 electronically filed return. If I have ries) regulating charities as part of the IRS Fed/State
Officer's signature ▶ 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	77658867704 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electron above. I confirm that I am submitting this return in accordance with the requirements of Pub. 416 Authorized IRS <i>e-file</i> Providers for Business Returns.	onically filed return for the organization indicated 3, Modernized e-File (MeF) Information for
ERO's signature ► <u>FAUSTO HINOJOSA, CPA, CFE</u> Date ►	·
ERO Must Retain This Form — See Instru Do Not Submit This Form to the IRS Unless Requ	

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Α	For t	he 2018 calen	dar year, or tax	year begi	inning $10/0$	01	, 20 1	18, an	ıd endin	ng	9/30		,	2019	
В	Check	if applicable:	С								D	Employ	er identific	cation number	
	A	ddress change	WHITE ASH	BROAD	CASTING :	INC.						94-2	22977	46	
	H _N	ame change	2589 ALLU								E		ne number		
		itial return	CLOVIS, C									550-	-862-	2/80	
												333	002	2400	
	-	nal return/terminated										_		0 000	700
	-	mended return											eceipts \$	2,382	
	A	oplication pending		ress of princip	pal officer: JOE	E MOORE							n for subor		_
			SAME AS C	ABOVE						H(b) Ar	e all subo "No," attac	rdinates ch a list.	included? (see instr	uctions) Yes	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) () 	insert no.)	4947(a)(1)	or	527		,		•	ŕ	
J	We	bsite: ► WW	W.KVPR.OR	Ĵ						H(c) Gr	oup exem	ption nu	mber ►		
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►		L Year	r of format	ion: 1	975	M s	tate of leg	al domicile: CZ	Ā
Pa	rt I	Summar	v												
	1	Briefly descri	be the organiza	ation's mis	sion or most	significant	activities:	SEE	SCHEI	DIII F	Λ				
	_							تلتان	201111	<u> </u>					
Governance															
na															
ě	2	Check this bo	ox ► lif the	organizati	ion discontinu	ued its oper	ations or di	spose	ed of mo	ore tha	n 25%	of its i	net asse	 ets.	
ဗ	3		oting members										3		13
જ	4		dependent votii										4		13
ies.	5	Total number	of individuals	employed	in calendar y	ear 2018 (F	Part V, line	2a)					5		21
Activities &	6	Total number	of volunteers	(estimate i	if necessary).								6		150
Ac	7a	Total unrelate	ed business rev	enue from	n Part VIII, co	lumn (C), li	ine 12						7a	8	781.
	b	Net unrelated	d business taxa	ble income	e from Form 9	990-T, line	38						7b	7	7,781.
											Prior	Year		Current Y	'ear
4.	8	Contributions	and grants (Pa	art VIII, Iin	e 1h)						2,3	15,2	08.	2,179	714.
ηe	9	Program serv	vice revenue (P	art VIII, Iir	ne 2g)							6,0			,989.
Revenue	10	Investment in	ncome (Part VII	I, column	(A), lines 3, 4	4, and 7d).						28,2			3,530.
æ	11	Other revenu	e (Part VIII, col	umn (A),	lines 5, 6d, 8d	c, 9c, 10c, a	and 11e)					68,5			,268.
	12		e – add lines 8									18,1			,501.
	13	Grants and s	imilar amounts	paid (Part	t IX, column ((A), lines 1-	3)				, -			, -	,
	14		I to or for memb				•								
	15	•	er compensatio	-	•						a	40,2	66	992	2,139.
es	16.0		fundraising fee		•							10,2	00.	332	,,100.
Expenses	104														
.ă	b		sing expenses (,639.						
ш	17	Other expens	ses (Part IX, co	lumn (A),	lines 11a-11d	d, 11f-24e).					1,1	14,4	33.	1,098	5,588.
	18	Total expens	es. Add lines 13	3-17 (mus	t equal Part I	X, column ((A), line 25))			2,0	54,6	99.	2,090	727.
	19	Revenue less	s expenses. Sul	otract line	18 from line	12					4	63,4	30.	223	3,774.
₽ 8 8 9										Begi	nning of	Curren	t Year	End of Y	ear
Net Assets Fund Balanc	20	Total assets	(Part X, line 16)							5,7	76,8	81.	5,771	,791.
Ass Ba	21	Total liabilitie	es (Part X, line	26)								08,6			3,258.
ĕĕ	22	Net assets or	fund balances	Subtract	line 21 from	line 20					1 3	68,2	67		3,533.
	rt II	Signatur									4,5	00,2	07.	4,500	,,,,,,,,,
				aminad this re	stura including so		hadulaa aad at		to and to	the best	of mary land		and haliaf	it is true sorre.	at and
com	plete. D	eclaration of prepa	eclare that I have exa arer (other than office	er) is based o	n all information of	of which prepar	er has any kno	wledge.	. and to	the best	OI IIIY KIIC	wieuge	and belier,	, it is true, correc	i, anu
c:		Signatu	ire of officer								Date				
Sig He	JII	TOE	MOODE							וחח	CTDD	NTITI			
116	16		MOORE print name and title							PRI	ESIDE	NI			
		71			Dranavaria aia	matura.		10	ata				I In	TINI	
		, ,	oreparer's name		Preparer's sig	•		ا	ate		Che		」 "	ΓIN	
Pa			HINOJOSA, CE	•		INOJOSA,	CPA, CFE				self-	employe	ed P	00196912	
Pre	epar	er Firm's name	PRICE,	PAIGE &	COMPANY										
Us	e Or	Ily Firm's addre	ess <u>570 N N</u>	MAGNOLIA	AVE STE 10	00					Firm	's EIN 🎙	<u>77-</u> 0	203007	
			CLOVIS,	CA 936	11		-				Pho	ne no.	(559)	299-9540	
May	y the	IRS discuss th	nis return with th			ve? (see in:	structions).							X Yes	No

Par	t III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this Part III			X
1	_	ly describe the organization's mission:			
	SEE_	SCHEDULE O			
	Did th	ne organization undertake any significant program services during the year which were not listed on the prior			
2			V	17	NI.
		990 or 990-EZ?	Yes	Χ	No
2			V	37	N.
3		he organization cease conducting, or make significant changes in how it conducts, any program services? es," describe these changes on Schedule O.	Yes	Χ	No
4			مينطلمه		
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measur ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	total ex	kpens	es,
4 a	(Code	e:) (Expenses \$ 852,745. including grants of \$) (Revenue \$)
		OGRAM & PRODUCTION: PURCHASE OF NATIONAL PUBLIC RADIO NEWS PROGRAMMING	AND C	THE	´ R
		DICATED PROGRAMMING, SALARIES FOR PROGRAM AND PRODUCTION STAFF, LOCALLY			
		GRAMS AND LOCAL PROGRAM ORIGINATION.			
4 b	UTI	e:) (Expenses \$717,742. including grants of \$) (Revenue \$) DADCASTING & TECHNICAL: ENGINEERING FEES, SALARIES FOR ON AIR ANNOUNCER: LITIES, MAINTENANCE OF BROADCASTING EQUIPMENT AND ANTENNAS, PRESENTATION ERECORDED CONCERTS AND CONTENT DISTRIBUTION INCLUDING SOCIAL MEDIA.			
4 c		e:)(Expenses \$186,420. including grants of \$)(Revenue \$) BLIC INFORMATION: PUBLICATIONS, PROMOTION ACTIVITIES, PUBLIC SERVICE AND MEDIA MATERIALS SPECIFIC TO CONTENT INCLUDING SOCIAL MEDIA.	<u>NOUNC</u>	EME) NTS
4 d		r program services (Describe in Schedule O.)			
	(Ехре	enses \$ including grants of \$) (Revenue \$)	
4 e	Total	program service expenses ► 1,756,907.			

Form 990 (2018) WHITE ASH BROADCASTING INC. 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)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
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	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? If 'Yes,' complete Schedule F. Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Х	
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2018) WHITE ASH BROADCASTING INC. 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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pai	TV 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
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2018) WHITE ASH BROADCASTING INC.

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

			Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 21		V	
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Х	
3 -	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Χ	
	• If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q.	3 b	X	
	a 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)?	4 a		Х
	olf 'Yes,' enter the name of the foreign country: ►	74		71
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Λ
	-	30		
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a	X	
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
C	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ć	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			v
•	organization have excess business holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds. Did the opposition argenization make any toyoble distributions under cestion 40663	0 -		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	Section 501(c)(7) organizations. Enter:	90		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			7.7
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
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.	16		Х

Form 990 (2018) WHITE ASH BROADCASTING INC. 94-2297746 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in 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?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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 Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

CLOVIS CA 93611 559-862-2480

CAITLIN JENSEN 2589 ALLUVIAL AVENUE

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

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

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

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

			(C)							
(A) Name and Title	(B) Average hours	thar	n one b s both a	director/trustee) compensation the organization		Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEROME BEHRENS	4									
BOARD MEMBER	0	Χ			_			0.	0.	0.
(2) DIANE BUCKALEW VICE CHAIRMAN	<u> </u>	Х		Х				0.	0.	0.
BOARD MEMBER	4	Х						0.	0.	0.
(4) JOHN GILBERT BOARD MEMBER	4	Х						0.	0.	0.
(5) DR. JAY CENTER BOARD MEMBER	4	Х						0.	0.	0.
(6) DAVID PARKER	4									
CHAIRPERSON	0	Χ		X	_			0.	0.	0.
(7) MICHAEL GRANNIS BOARD MEMBER	-4	Х						0.	0.	0
(8) CELESTE DEMONTE	0 4	Λ			-			0.	0.	0.
SECRETARY	0	Х		Х				0.	0.	0.
(9) MICHAEL SILVEIRA	4								0	•
BOARD MEMBER (10) BERNARD BARMANN	0	Х						0.	0.	0.
BOARD MEMBER	<u> 4</u> –	Х						0.	0.	0.
(11) PAUL CHEN	4									
TREASURER	0	Х		X	_			0.	0.	0.
60ARD MEMBER	$-\frac{4}{0}$	Х						0.	0.	0.
(13) DR. JUDITH KUIPERS BOARD MEMBER	4	Х						0.	0.	0.
(14) JOE MOORE PRESIDENT	<u> 40</u>			X				90,947.	0.	5,774.

Part VII Section A. Officers, Directors, Tru	1	Key	Em		_	es,	and	d Highest Con	pensated Empl	oyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours	offic	, unle cer ar	ess pe nd a d	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr	(F) stimated int of oth pensation	her on
	for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			añ	anization d related anization	d
(15)												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total.							>	90,947.	0.		5,7	774.
c Total from continuation sheets to Part VII, Section 17							>	0.	0.			0.
d Total (add lines 1b and 1c)	to those I	isted	abo	ve) v	who	recei	ved	90,947. more than \$100,00		ensation		774.
from the organization • 0											V	
3 Did the organization list any former officer, direc	tor. or tru	ıstee.	kev	/ em	olar	vee.	or h	nighest compensa	ted emplovee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportaber than \$1	1e co 50,00	mpe 00?	ensa If '\ 	ition ⁄ <i>es,</i>	and ' <i>con</i>	otn <i>iple</i>	te Schedule J for	rrom	4		X
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	n fr chea	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compen	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.											
		the c	alen	dar <u>:</u>	year	endi	ng v	vith or within the or		((<u>``</u>	
Name and business addi	ress							Description	of services	Compe	nsatio	n
2 Total number of independent contractors (including be \$100,000 of compensation from the organization		ited to	o the	se I	isted	abo	ve)	who received more	than			

. u.		Check if Schedule O contains a respon	nse or note to any	/ line in this Part VI	II		
		·		(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	b c d e	Federated campaigns	10,220. 536,743.				
	_	Noncash contributions included in lines 1a-1f: \$	1,632,751. Business Code	2,179,714.			
e Revenu	2a b		15100	4,989.	4,989.		
Program Service Revenue	d e	All other program service revenue					
Prog		Total. Add lines 2a-2f		4,989.			
	3	Investment income (including dividends, other similar amounts)	ond proceeds►	33,530.	33,530.		
		Royalties	(ii) Personal 11,520.				
	С	Less: rental expenses Rental income or (loss) Net rental income or (loss)	2,739. 8,781.	8,781.		8,781.	
		Gross amount from sales of assets other than inventory	(ii) Other				
	С	Less: cost or other basis and sales expenses	•				
Other Revenue		Gross income from fundraising events (not including \$ 10,220. of contributions reported on line 1c).					
er Re	h	See Part IV, line 18	106,845.				
ğ		Net income or (loss) from fundraising ev	51,220. ents	55,625.			
		Gross income from gaming activities. See Part IV, line 19 a	46,125.				
		Less: direct expenses	14,263. ies▶	31,862.	31,862.		
		Gross sales of inventory, less returns and allowances		3=,33=3	32,332		
	С	Net income or (loss) from sales of invent	tory				
	11 a b						
		All other revenue	•				
		Total revenue. See instructions	L	2,314,501.	70,381.	8,781.	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 re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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 5	Benefits paid to or for members	90,947.	86,400.	4,547.	0.
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	767,028.	579,552.	99,636.	87,840.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	707,020.	373,332.	33,030.	07,040.
9	Other employee benefits	68,055.	52,572.	8,358.	7,125.
10	Payroll taxes	66,109.	51,565.	7,933.	6,611.
11	Fees for services (non-employees):				
i	a Management				
	b Legal				
(c Accounting				
	d Lobbying				
(e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
ć	3 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	61,647.	48,677.	11,810.	1,160.
12	Advertising and promotion	12,229.	11,618.		611.
13	Office expenses	40,931.	32,744.	2,047.	6,140.
14	Information technology				
15	Royalties				
16	Occupancy	63,188.	59,241.	1,974.	1,973.
17	Travel	21,652.	19,487.	1,083.	1,082.
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,819.	49,650.	1,584.	1,585.
21	Payments to affiliates Depreciation, depletion, and amortization	264 205	254 200	F 200	F 000
22 23	Insurance	264,905.	254,309. 25,498.	5,298.	5,298.
23 24	_	28,345.	25,498.	1,423.	1,424.
i	TAXES AND LICENSES	371,186.	370,212.	974.	
	REPAIRS & MAINTENANCE	43,540.	34,154.	9,386.	
	DATA PROCESSING	39,417.	0 - / + 0 1 •	9,854.	29,563.
	d CONTRACTUAL SERVICES	32,052.	30,449.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,603.
	e All other expenses	66,677.	50,779.	12,274.	3,624.
25	Total functional expenses. Add lines 1 through 24e	2,090,727.	1,756,907.	178,181.	155,639.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ▼ if following SOP 98-2 (ASC 958-720)		·		·
DAA					F 000 (0010)

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			290,223.	1	236,761.
	2	Savings and temporary cash investments	493,733.	2	624,045.		
	3	Pledges and grants receivable, net			331,575.	3	555,826.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			40,697.	9	43,648.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,801,305.	.,		
		Less: accumulated depreciation		1,129,253.	3,914,733.	10 c	3,672,052.
	11	Investments – publicly traded securities			705,920.	11	639,459.
	12	Investments – other securities. See Part IV, line 11			7007320.	12	0007 100.
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		<u> </u>		15	
	16	Total assets. Add lines 1 through 15 (must equal line			5,776,881.	16	5,771,791.
	17	Accounts payable and accrued expenses			63,512.	17	74,490.
	18	Grants payable	,	18	/		
	19	Deferred revenue	9,600.	19	9,600.		
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqual	ified persons.		22	
_	23	Secured mortgages and notes payable to unrelated th		_	1,335,502.	23	1,099,168.
	24	Unsecured notes and loans payable to unrelated third	•	_	2,000,0021	24	2,000,2001
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		25			
	26	Total liabilities. Add lines 17 through 25			1,408,614.	26	1,183,258.
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
ă	27	Unrestricted net assets			3,404,317.	27	3,433,792.
32	28	Temporarily restricted net assets			485,456.	28	671,991.
핕	29	Permanently restricted net assets			478,494.	29	482,750.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.					
0 0	30	Capital stock or trust principal, or current funds				30	
Set	31	Paid-in or capital surplus, or land, building, or equipm		L		31	
As	32	Retained earnings, endowment, accumulated income,		32			
et	33	Total net assets or fund balances	-	4,368,267.	33	4,588,533.	
Z	34	Total liabilities and net assets/fund balances		<u> </u>	5,776,881.	34	5,771,791.

Pa	rt 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	2,3	14,5	501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	90,	727.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	23,	774.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,3	68,2	267.
5	Net unrealized gains (losses) on investments	5			508.
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 in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,5	88,	533.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			37	
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te			
•	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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 08/03/18		Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number WHITE ASH BROADCASTING INC 94-2297746 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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.)

Sec	tion A. Public Support				•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	18 (line 6, columi	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14.				%
16a	33-1/3% support test—2018. If the and stop here. The organization						
b	33-1/3% support test—2017. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part '	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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.)

Sec	tion A. Public Support						
Calend	ar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,558,583.	2,665,492.	1,868,542.	2,293,805.	2,169,465.	11,555,887.
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	159,638.	150,270.	163,900.	181,550.	163,190.	818,548.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	1337030.	130/270.	100,300.	101/330.	100/130.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	2,718,221.	2,815,762.	2,032,442.	2,475,355.	2,332,655.	12,374,435.
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.	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	12,374,435.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2,718,221.	2,815,762.	2,032,442.	2,475,355.	2,332,655.	12,374,435.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,040.	299.	603.	3,059.	3,851.	8,852.
	acquired after June 30, 1975 Add lines 10a and 10b	1 0 4 0	0.00	600	2.050	2 051	0.
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,040.	299.	603.	3,059.	3,851.	8,852.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	5,327.	3,739.	5,803.	6,098.	4,989.	25,956.
	Total support. (Add lines 9, 10c, 11, and 12.)	2,724,588.	2,819,800.	2,038,848.	2,484,512.	2,341,495.	12,409,243.
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pu						
	Public support percentage for 20	•			•		99.72 %
	Public support percentage from					16	99.69 %
	tion D. Computation of Inv					T	
	Investment income percentage f	•		-	* * * *		0.07 %
	Investment income percentage f						0.07 %
	33-1/3% support tests—2018. If is not more than 33-1/3%, check 23 1/3% authors that 2017 less 1/3% authors 2017	this box and sto l	p here. The orgar	nization qualifies a	as a publicly supp	orted organizatior	ı ► <u>X</u>
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization ►
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions.	· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

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

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? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	EDID the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 WHITE ASH BROADCASTING INC.		94-22	97746	Page (
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Curren (option		
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			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):	t			
a	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current \	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	, , , , , , , , , , , , , , , , , , ,	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			

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

BAA

Schedule A (Form 990 or 990-EZ) 2018

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

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 III, LINE 12 - OTHER INCOME

NATURE AND SOURCE			2018		2017		2016		2015		2014
MISCELLANEOUS	TOTAL	<u>\$</u> \$	4,989. 4,989.	\$ \$	6,098. 6,098.	<u>\$</u> \$	5,803. 5,803.	\$ \$	3,739. 3,739.	<u>\$</u> \$	5,327. 5,327.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

WHITE ASH BROADCASTING INC.		94-2297746
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	d 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	a private realidation
Check if your organization is covered by the General	Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule a	nd a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contribution te Parts I and II. See instructions for determining a co	ns totaling \$5,000 or more (in money or ontributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	l (c)(3) filing Form 990 or 990-EZ that met the 33-1/39 that checked Schedule A (Form 990 or 990-EZ), Part II, ling year, total contributions of the greater of (1) \$5,000 -EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	I (c)(7), (8), or (10) filing Form 990 or 990-EZ that rec than \$1,000 <i>exclusively</i> for religious, charitable, scien children or animals. Complete Parts I (entering 'N/A'	eived from any one contributor, tific, literary, or educational in column (b) instead of the
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec r religious, charitable, etc., purposes, but no such cor e total contributions that were received during the yea y of the parts unless the General Rule applies to this lle, etc., contributions totaling \$5,000 or more during t	ntributions totaled more than ar for an <i>exclusively</i> religious, organization because
990-PF), but it must answer 'No' on Part IV, lin	he General Rule and/or the Special Rules doesn't file e 2, of its Form 990; or check the box on line H of its filing reguirements of Schedule B (Form 990, 990-EZ,	Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule	В (Го	rm 990, 990-EZ, or 9	90-PF) (2018)
Name of org	janizatio	n	
WHITE	ASH	BROADCASTING	INC.

Employer identification number

94-2297746

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JAMES IRVINE FOUNDATION BUSH STREET FL. 8	\$ 180,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94104		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$101,356.	Person X Payroll Noncash
	FRESNO, CA 93711		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA STREET	\$ <u>117,975.</u>	Person X Payroll Noncash
	LOS ANGELES, CA 90012		(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total	(d)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>	CALIFORNIA HEALTHCARE FOUNDATION	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
_	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400	contributions	Person X Payroll Noncash (Complete Part II for
4 (a)	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 (b)	\$87,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW	\$ 87,000.	Type of contribution Person X Payroll
4 (a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW WASHINGTON, DC 20004 (b)	\$87,000. \$87,000. (c) Total contributions \$151,768.	Type of contribution Person X Payroll
(a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW WASHINGTON, DC 20004 Name, address, and ZIP + 4 CHARITABLE ADULT RIDES & SERVICES	\$ 87,000. (c) Total contributions \$ 151,768.	Type of contribution Person X Payroll

Employer identification number

WHITE ASH BROADCASTING INC.

Name of organization

94-2297746

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Empl	oyer identification	number
0.4	0007746	

WHITE ASH BROADCASTING INC.

94-2297746

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contrib ompleting Part III, enter the tota	outor. Comple al of <i>exclusive</i>	te columns (a) through (e) and ely religious, charitable, etc.,
	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			
	Transferee's name, addres	(e) Transfer of gift s. and ZIP + 4	Rela	ationship of transferor to transferee
		.,		
		. – – – – – – – – – – –		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	i ransfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
		. – – – – – – – – – –		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
		. – – – – – – – – – – –		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
	<u> </u>	. – – – – – – – – – –		
	<u> </u>			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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
Employer identification number

	HITE ASH BROADCASTING INC.			94-2297746
rt I	Drganizations Maintaining Donor A Complete if the organization answe	Advised Funds or Othe red 'Yes' on Form 990,	e r Similar Funds o Part IV, line 6.	r Accounts.
		(a) Donor advised fu	unds	(b) Funds and other accounts
Total r	number at end of year			
Aggrega	te value of contributions to (during year)			
Aggregat	te value of grants from (during year)			
Aggre	gate value at end of year			
	e organization inform all donors and donor e organization's property, subject to the org			
Did the for cha	e organization inform all grantees, donors, aritable purposes and not for the benefit of missible private benefit?	and donor advisors in writing the donor or donor advisor,	g that grant funds can or for any other purpos	be used only se conferring Yes No
rt II	Conservation Easements.			
	Complete if the organization answe	ered 'Yes' on Form 990,	Part IV, line 7.	
Purpos	se(s) of conservation easements held by the	ne organization (check all tha	at apply).	
Pr	eservation of land for public use (e.g., reci	reation or education)	Preservation of a his	torically important land area
Pr	otection of natural habitat		Preservation of a cer	tified historic structure
Pr	eservation of open space	L	_	
	ete lines 2a through 2d if the organization held ay of the tax year.	d a qualified conservation contr	ibution in the form of a c	conservation easement on the
				Held at the End of the Tax Ye
	number of conservation easements			2a
	acreage restricted by conservation easeme			2 b
Numbe	er of conservation easements on a certified	d historic structure included i	n (a) 2	2 c
	er of conservation easements included in (ure listed in the National Register			d d
Numbe tax yea	er of conservation easements modified, transfe ar •	erred, released, extinguished, o	or terminated by the orga	nization during the
Numbe	er of states where property subject to conserva	ation easement is located >		
Does t	the organization have a written policy rega	rding the periodic monitoring	, inspection, handling of	of violations,
	nforcement of the conservation easements			
Staff a	nd volunteer hours devoted to monitoring, insp	pecting, handling of violations,	and enforcing conservat	ion easements during the year
Amoun ►\$	nt of expenses incurred in monitoring, inspecti	ng, handling of violations, and	enforcing conservation e	easements during the year
Does e	each conservation easement reported on li	ne 2(d) above satisfy the req	uirements of section 1	70(h)(4)(B)(i) Yes No
include	XIII, describe how the organization reports coee, if applicable, the text of the footnote to treation easements.			
rt III 🛚 🤇	Organizations Maintaining Collecti Complete if the organization answe	ions of Art, Historical T ered 'Yes' on Form 990,	reasures, or Othe Part IV, line 8.	r Similar Assets.
art. his	organization elected, as permitted under S storical treasures, or other similar assets held t XIII, the text of the footnote to its financia	for public exhibition, education	. or research in furtherar	atement and balance sheet works once of public service, provide,
historic followi	organization elected, as permitted under S cal treasures, or other similar assets held for p ing amounts relating to these items:	public exhibition, education, or	research in furtherance of	of public service, provide the
(i) Re	evenue included on Form 990, Part VIII, lin	e 1		
	ssets included in Form 990, Part X			
If the o	organization received or held works of art, historts required to be reported under SFAS 110	orical treasures, or other simila 6 (ASC 958) relating to these	ar assets for financial gai e items:	n, provide the following
Reven	ue included on Form 990, Part VIII, line 1.			
	s included in Form 990. Part X			►\$

Substitutions check graphs the arrangement in Part XIII and complete the following table: Beginning biance Beginning of year balance Bi Yess, 255, 618, 40, 817, 746, 10, 715, 12, 815, 5, 985, 14 Beginning of year balance Government Funds, 236, 618, 408, 742, 337, 253, 337, 187, 18 Beginning of year balance Government Beginning Government Beginning of year balance Government Beginning Government Beg	Part III Organizations Mainta	ining Collection	ons of Art, Hist	torical	Treasures, or	Other S	imilar Ass	ets (c	ontinu	ıed)
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	3 Using the organization's acquisition items (check all that apply):	, accession, and o	ther records, check	any of th	ne following that ar	e a signific	ant use of its	collectio	n	
Preservation for future generations Preservation Preservatio	a Public exhibition		d Loar	n or excl	nange programs					
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 by the be sold to traise funds rainer than to be maintained as part of the organization's collection?	b Scholarly research		e Othe	er						
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?. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 a Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	c Preservation for future gener	ations								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, 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?		ation's collections	and explain how the	ey furthe	r the organization's	s exempt pu	irpose in			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, 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?	5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec	eive donations of a	art, histo organiz	orical treasures, o ation's collection?	r other sim	ilar assets	Yes	Г	No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form '990, Part X'? Comparison of Part X Comparison of	Part IV Escrow and Custodia	l Arrangemen	ts. Complete if	the or	ganization ans			rm 99	0, Par	t IV,
on Form 990, Part X?. □ If Yes, explain the arrangement in Part XIII and complete the following table: □ Beginning balance. □ Additions during the year. □ Id □ If	line 9, or reported an	amount on Fo	rm 990, Part X	, line 2	21.					
c Beginning balance. d Additions during the year. e Distributions during the year. f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	on Form 990, Part X?					er assets n	ot included	Yes		No
d Additions during the year. e Distributions during the year. 1	2 se, explain the arrangement	are / area	oop.o.co ao .oo.	g taz	.01			Amoun	t	
d Additions during the year. e Distributions during the year. 1	c Beginning balance					1 c				
e Distributions during the year. f Ending balance. 1										
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year					1e				
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance	f Ending balance					1f				
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Call Complete Call	2a Did the organization include an a	mount on Form 9	90, Part X, line 21	1, for es	crow or custodial	account lia	ability?	Yes		No
1 a Beginning of year balance. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions. 635, 618. 408,742. 357,253. 337,187. 337,318. c Net investment earnings, gains, and losses. 26,171. 29,130. 40,774. 32,251. -6,116. d Grants or scholarships. 26,171. 29,130. 40,774. 32,251. -6,116. e Other expenditures for facilities and programs. 25,000. 25,000. 25,000. f Administrative expenses. 25,000. 25,000. 25,000. g End of year balance. 666,045. 635,618. 408,742. 357,253. 337,187. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 0.95 % 5 b Permanent endowment ► 0.95 % 7 10.95 %	b If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the expl	anation	has been provide	d on Part	KIII	<u> </u>		
1 a Beginning of year balance. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions. 635, 618. 408,742. 357,253. 337,187. 337,318. c Net investment earnings, gains, and losses. 26,171. 29,130. 40,774. 32,251. -6,116. d Grants or scholarships. 26,171. 29,130. 40,774. 32,251. -6,116. e Other expenditures for facilities and programs. 25,000. 25,000. 25,000. f Administrative expenses. 25,000. 25,000. 25,000. g End of year balance. 666,045. 635,618. 408,742. 357,253. 337,187. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 0.95 % 5 b Permanent endowment ► 0.95 % 7 10.95 %										
1 a Beginning of year balance. 635,618. 408,742. 357,253. 337,187. 337,318. b Contributions. 4,256. 197,746. 10,715. 12,815. 5,985. c Net investment earnings, gains, and losses. 26,171. 29,130. 40,774. 32,251. -6,116. d Grants or scholarships. 26,171. 29,130. 40,774. 32,251. -6,116. e Other expenditures for facilities and programs. 25,000. 40,774. 32,251. -6,116. f Administrative expenses. 25,000. 25,000. 5,000. 4,000. 5,000. 4,000. 5,000.	Part V Endowment Funds. C									
b Contributions 4,256. 197,746. 10,715. 12,815. 5,985. c Net investment earnings, gains, and losses 26,171. 29,130. 40,774. 32,251. −6,116. d Grants or scholarships 26,171. 29,130. 40,774. 32,251. −6,116. e Other expenditures for facilities and programs 525,000. FAMILIARY 10,000. Septimistrative expenses 10,005 septimistrative expenses 10,05 septimistrative expenses		, , , ,								
c Net investment earnings, gains, and losses										
and losses 26,171. 29,130. 40,774. 32,2516,116. d Grants or scholarships 21,000. e Other expenditures for facilities and programs 25,000. f Administrative expenses 25,000. g End of year balance 666,045. 635,618. 408,742. 357,253. 337,187. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0.05 b Permanent endowment 10.95 c Temporarily restricted endowment 10.95 c Temporarily restricted endowment 10.95 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: (i) unrelated organizations 3a(i)	b Contributions	4,25	6. 197,	746.	10,71	٥.	12,815	•	5,	985.
e Other expenditures for facilities and programs f Administrative expenses g End of year balance	and losses	26,17	1. 29,	130.	40,774	4.	32,251		-6,	116.
and programs 25,000. f Administrative expenses gend of year balance 666,045. 635,618. 408,742. 357,253. 337,187. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	·									
g End of year balance 666, 045 635, 618 408,742 357,253 337,187. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0.05 b Permanent endowment 0.95 c Temporarily restricted 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: (i) unrelated organizations	and programs						25,000			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	'	666.04	5 605	61.0	100 51	_	055 050		007	100
a Board designated or quasi-endowment 0.95 % c Temporarily restricted 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: (i) unrelated organizations. 3a(i) X 3a(i) X 3a(ii) X 3b Yes No 3a(ii) X 3b X 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 depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value	3						357,253	•	331,	187.
b Permanent endowment C Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. 3a(i) X 3a(ii) X 3a(ii) X 3a(ii) X 3b X 3b X 3b X 3b X 3b X 3b X 3c(iii) related organizations. 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 (b) Cost or other dasis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (a) See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (investment) (a) See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (a) See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B		-		line ig, o	column (a)) neid a	as:				
to Temporarily restricted 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: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iii) related organizations. (iv) unrelated organization			0.05							
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: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iv) unrelated organizations. (iv) unrelated organizations. (iv) related organizations. (iv) unrelated organizations. (iv) related organizations. (iv) unrelated organizations. (iv) unrelated organizations. (iv) related organizations. (iv) school volume to 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 (b) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 411,650. 411,650. 411,650. 57,034. 35,942. 21,092. 4 Equipment. 413,844. 288,490. 125,354. 6 Other.			2							
organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (other) (investment) (invest	• •									
organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (other) (investment) (invest	3a Are there endowment funds not in t	he possession of t	he organization that	t are held	d and administered	for the				
(ii) related organizations. b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (other) 1 a Land. 1 b Buildings. 5 Buildings. 5 C Leasehold improvements. 6 Equipment 6 C) Accumulated depreciation 411,650. 411,650. 57,034. 35,942. 21,092. 4 Equipment 67,436. 45,202. 22,234.			g						Yes	No
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (other) 1a Land. 1b Buildings. 57,034. 10 Description of property (a) Cost or other basis (other) 1a Land. 57,034. 57,034. 58,942. 58,490. 59,354. 60 Other. 67,436. 41,650. 41,650. 41,650. 411,650.	•									
A 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 (b) Cost or other basis (other) 1a Land. 1b Buildings. b Buildings. c Leasehold improvements. d Equipment.	• •							` '		X
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. 411,650. b Buildings. 3,851,341. 759,619. 3,091,722. c Leasehold improvements. 57,034. 35,942. 21,092. d Equipment. 413,844. 288,490. 125,354. e Other. 67,436. 45,202. 22,234.	* * *	-						. 3b		
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 1 a Land. 411,650. 411,650. 411,650. b Buildings. 3,851,341. 759,619. 3,091,722. c Leasehold improvements. 57,034. 35,942. 21,092. d Equipment. 413,844. 288,490. 125,354. e Other. 67,436. 45,202. 22,234.			anization's endown	ment fun	ds. SEE PAR'	T XIII				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land. 411,650. 411,650. 411,650. b Buildings. 3,851,341. 759,619. 3,091,722. c Leasehold improvements. 57,034. 35,942. 21,092. d Equipment. 413,844. 288,490. 125,354. e Other. 67,436. 45,202. 22,234.	· J ·									
ta Land. fassis (other) depreciation b Buildings. 3,851,341. 759,619. 3,091,722. c Leasehold improvements. 57,034. 35,942. 21,092. d Equipment. 413,844. 288,490. 125,354. e Other. 67,436. 45,202. 22,234.	Complete if the organi	zation answer	ed 'Yes' on Fo	rm 990), Part IV, line	11a. Se	e Form 99	0, Par	t X, Iii	ne 10.
b Buildings 3,851,341. 759,619. 3,091,722. c Leasehold improvements. 57,034. 35,942. 21,092. d Equipment 413,844. 288,490. 125,354. e Other 67,436. 45,202. 22,234.			Cost or other basis (investment)	s (b)		(c) Accı depre	ımulated ciation	(d)	Book va	alue
c Leasehold improvements. 57,034. 35,942. 21,092. d Equipment. 413,844. 288,490. 125,354. e Other. 67,436. 45,202. 22,234.	1 a Land				411,650.				411	,650.
d Equipment 413,844 288,490 125,354 e Other 67,436 45,202 22,234	· ·						1	3		•
e Other 67, 436. 45, 202. 22, 234.	·									
07/1007 10/1017										
			5 000 5 11	<u> </u>			45,202.	_		

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3, 672, 052. Schedule D (Form 990) 2018

Part VII Investments – Other Securit		N/A
		90, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of		(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)	. – – – – –	
(l)	:	
Total. (Column (b) must equal Form 990, Part X, column (B) I		NT / 7
Part VIII Investments – Program Rela	i tea. answered 'Yes' on Form 9	N/A 90, 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) 2 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	(4)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B)	line 13.) ▶	
Part IX Other Assets.	N/	/A
Complete if the organization a		90, Part IV, line 11d. See Form 990, Part X, line 15
(1)	(a) Description	(b) Book value
<u>(1)</u> (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part >	(, column (B) line 15.)	·············
Part X Other Liabilities.	d Wast on Farm 000 Dart IV line	11a or 11f Coo Form 000 Part V line 2F
(a) Description of liability	(b) Book value	e 11e or 11f. See Form 990, Part X, line 25.
(1) Federal income taxes	(b) Book valu	in the second se
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) I	line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	•
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	2,313,732.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments. 2a -3,508.		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) SEE PART XIII 2d 2,739.		
d Other (Describe in Part XIII.) SEE PART XIII 2d 2,739.		
e Add lines 2a through 2d.	2 e	-769.
3 Subtract line 2e from line 1.	3	2,314,501.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,314,501.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
<u>Part XIII</u> Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	rn.
	Retu 1	2,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of Security (2 Donated Services) 2 Donated Services and Use of Security (2 Donated Services) 2 Donated Services and Use of Security (2 Donated Services) 2 Donated Services (2 Donated Services)		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	2,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	2,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2e	2,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a b Other (Describe in Part XIII.)	2 e 3	2,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	2 e 3	2,093,466.

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 - FIN 48 FOOTNOTE

BAA

Part XIII | Supplemental Information.

THE ORGANIZATION HAS QUALIFIED AS A NON-PROFIT 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

Schedule D (Form 990) 2018

Part XIII | Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

CALIFORNIA INCOME TAXES.

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 RECLASSED TO OFFSET RENT INCOME TOTAL	\$ \$	2,739. 2,739.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S		
RENT EXP RECLASSED TO OFFSET RENT INCOME TOTAL	\$ \$	2,739. 2,739.

BAA TEEA3305L 10/10/18 Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

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 Employer identification number WHITE ASH BROADCASTING INC. 94-2297746 **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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. 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.

Schedule	e G (Form 990 or 990-EZ) 2018 WHITE A	SH BROADCASTIN	G INC.	94-229	97746 Page 2
Part II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	s and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R		(a) Event #1 WINE TASTING E	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))

(event type) (total number) 114 104		(total number) 114,558 10,220 104,338 1,500
104		10,220 104,338 1,500
104		104,338
1		1,500
1		1.150
		1,152
35		35,709
▶ 65		65, 977
es' on Form 990, Part IV, line 19, or reported more	on Form 990, Part IV, line 19,	990, Part IV, line 19, or reported more than
bingo/progressive (c) Other gaming (add colum	bingo/progressive (c) Other gan	ressive (c) Other gaming (add column (a)
46,125. 46	4.6	
10,500.	40,	46,125. 46,125
		46,125. 46,125 10,500. 10,500
3,763.	10,	10,500. 10,500 3,763. 3,763
	10, Yes <u>0</u> % Yes	10,500. 10,500 3,763. 3,763 0% Yes 0%
3,763. 3 Yes 0 % Yes 0 % X No	10, Yes0 %	10,500. 10,500 3,763. 3,763 0 % Yes 0 % X No
3,763. 3 Yes 0 % Yes 0 % X No X X X X X X X X X	10, Yes0 % YesX No	10,500. 10,500 3,763. 3,763 0 % Yes 0 % X No 14,263
3,763. 3 Yes 0 % Yes 0 % X No X X X X X X X X X	10, Yes	10,500. 10,500 3,763. 3,763 0 % Yes 0 % X No 14,263 14,263 31,862
mn (d)	(d)	No

Sch	edule G (Form 990 or 990-EZ) 2018 WHITE ASH BROADCASTING INC. 9	4-2297746	Page 3
	Does the organization conduct gaming activities with nonmembers?		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?		X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility.	13a	%
	b An outside facility.		<u>100.0%</u>
			100.0 0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	;;	
	Name •		- – – –
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization \$\frac{\\$}{2} = \frac{\}{2} = \frac{\}{	ue? Yes he amount	s X No
	Name ►		. – – – – 1
	Address •		
16	Gaming manager information:		
	Name •		. – – – – -
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Ye:	s X No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	lumns (iii) and y additional	(v);

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WHITE ASH BROADCASTING INC.

Employer identification number 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

Name of the organization	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))

2019 For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 9/30

OMB No. 1545-0687

Department of the Treasury

► 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 a 501(c)(3).

Open to Public Inspection for

IIIIC	Illai Nevellue Service	iter con numbers on this form as it		made pasme ir jedi	or garme.			301(0)(3) 0	rganizations Only
Α	Check box if address changed			changed and see instruc	tions.)		(Er	nplovees' tr	ntification number ust, see
В	Exempt under section Print	WHITE ASH BROADCAST		INC.				tructions.)	
		2589 ALLUVIAL AVENU CLOVIS, CA 93611	E					4-229	
	408(e) 220(e) 1 11	CLOVIS, CA 93011						i related bus ee instructio	siness activity code ons.)
	408A530(a)						_	01000	
_	529(a)		\ >				5	31390	
С	at end of year	exemption number (See instructi			7				—
	~ / · · = / · · = ·	organization type ► X				<u> </u>	01(a) t		Other trust
Н	Enter the number of the organization's			<u>1</u>	De:	scribe the only (o	,		
	trade or business here ► <u>RENTAL</u> If more than one, describe the first i		of the	nrevious sentenc	re con				ete Parts I-V.
	for each additional trade or business		01 1110	provious somern	, 0011	ipioto i arto i ai	10 11, 0	ompioto (a conocado ivi
I	During the tax year, was the corpora		ed gr	oup or a parent-si	ubsidia	ry controlled gro	oup?	. -	res X No
	If 'Yes,' enter the name and identify	ing number of the parent corp	oratio	on ►					<u>—</u>
J	The books are in care of ► CAITL				Те	lephone number	r▶ 55	9-862-	-2480
	art I Unrelated Trade or Bu			(A) Income		(B) Expense	es	(C) Net
1	a Gross receipts or sales								
	b Less returns and allowances	c Balance►	1 c						
	Cost of goods sold (Schedule A, li	·	2						
	Gross profit. Subtract line 2 from I		3		_				
	4 a Capital gain net income (attach Sob Net gain (loss) (Form 4797, Part II, line 17)	•	4a 4b		\rightarrow				
	c Capital loss deduction for trusts	` '	4b		-				
5	Income (loss) from a partnership or a	an S corporation	40		-				
	(attach statement)		5						
6	Rent income (Schedule C)		6						
	7 Unrelated debt-financed income (S	· ·	7						
3	, , , ,	•	8						
10			9						
1(11		•	10 11						
12			- 11		-				
	- Other meetine (See instructions, at	SEE STATEMENT 1	12	11,5	20				11,520.
13	3 Total. Combine lines 3 through 12		13	11,5			0.		11,520.
	art II Deductions Not Taken	Elsewhere (See instruc	ctions	s for limitation	s on (deductions.)	(Exce	pt for	11/020.
		ons must be directly con					icome	ė.)	
	Compensation of officers, directors						14		
	5 Salaries and wages						15		
16	'						16		
17 18							17 18		
19							19		
20							20		
21	` `	•							-
22							22b		
23	'						23		
24	4 Contributions to deferred compens	sation plans					24		
25	5 Employee benefit programs						25		
26							26		
27	Excess readership costs (Schedule	е J)			FF C		27		
28	•								2,739.
29 30		•					29 30		2,739.
31							31		8,781.
32							32		8,781.
_			_		_				

Par	t III	Total Unrelated Business Tax	able Income						
33		of unrelated business taxable income							
		ctions)				33		8,78	31.
34		nts paid for disallowed fringes				34			
35		ction for net operating loss arising in t				35			
36		of unrelated business taxable income							
		es 33 and 34				36		8,78	31.
37	Spec	fic deduction (Generally \$1,000, but se	ee line 37 instructions for exception	ns)		37		1,00	00.
38		ated business taxable income. Subtra				20		7 70	0.1
D		the smaller of zero or line 36				38		7,78	3⊥.
		Tax Computation	W. J. F. 20 J. 010/ (0.01)			1 20 1		1 (2.4
39 40		nizations Taxable as Corporations. Mus S Taxable at Trust Rates. See instruct				39		1,63	34.
40						40			
/11						40 41			
41 42	-	r tax. See instructions				42			
43		n Noncompliant Facility Income. See				43			
44		Add lines 41, 42, and 43 to line 39 o				44		1,63	3 /1
	t V		40, Willeliever applies			44		1,0	J4.
		an tax credit (corporations attach Form	1119: trusts attach Form 1116)	45 a					
		credits (see instructions)	•						
		ral business credit. Attach Form 3800				-			
		for prior year minimum tax (attach Fo							
		credits. Add lines 45a through 45d				45 e			0.
46	Subtr	act line 45e from line 44				46		1,63	
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 For	m 8866					
		ther (attach schedule)				47			
48	Total	tax. Add lines 46 and 47 (see instruct	tions)			48		1,63	34.
49	2018	net 965 tax liability paid from Form 96	5-A or Form 965-B, Part II, column	(k), line 2		49			
50 a	P aym	ents: A 2017 overpayment credited to	2018	50 a					
b	2018	estimated tax payments		50 b	1,450.				
		eposited with Form 8868			200.				
		gn organizations: Tax paid or withheld							
		up withholding (see instructions)							
		for small employer health insurance	· ·	50 f					
g	_	credits, adjustments, and payments:		_					
		orm 4136 Oth		► 50 g					
		payments. Add lines 50a through 50g.				51		1,65	<u>.0c</u>
52		ated tax penalty (see instructions). Ch				52			
53		ue. If line 51 is less than the total of li				53			
54		payment. If line 51 is larger than the to		· .		54			<u> 16.</u>
55 Do:		the amount of line 54 you want: Cred Statements Regarding Certain		± 0 •	Refunded >	55			0.
		<u> </u>		•			T	· ·	
56	-	time during the 2018 calendar year, did cial account (bank, securities, or other) in a	•	•	•		114	Yes	No
					IIIe FIIICEN	N FOIIII	114,		37
		t of Foreign Bank and Financial Accounts	•	•					X
5/		g the tax year, did the organization red		ne grantor of, or tra	insteror to,	a foreig	gn trust?.		X
		s,' see instructions for other forms the org		ć	•				
58	⊏nter	the amount of tax-exempt interest received under penalties of periury. I declare that I have ex		\$ hedules and statements, a	U.	of my kno	wledge and		
Sigi	n	Under penalties of perjury, I declare that I have exbelief, it is true, correct, and complete. Declaration	n of preparer (other than taxpayer) is based on		reparer has any			in web	;11.
Her		Signature of effects		PRESIDENT		the prep	IRS discuss the		WILLI
-		Signature of officer	Date	9l)ı l		instructio	ons)? X Ye	es	No
D-:		Print/Type preparer's name	Preparer's signature	Date	Check if	PT	IN		
Paid Pre-		FAUSTO HINOJOSA, CPA, CFE	FAUSTO HINOJOSA, CPA, CFE		self-employed	PΩ	0196912		
pare		Firm's name PRICE, PAIGE & CO		1	Firm's EIN		203007		
Use		Firm's address > 570 N MAGNOLIA AV				02	JV.		
Onl		CLOVIS, CA 93611	- 		Phone no.	(55	9) 299-95	40	
BAA		223,12, 31 33011	TEEA0202L 01/24/19			(55)	Form 99		18)

Schedule A — Cost of Goo	ds Sold. Enter method of inve	entory valuation 🟲		
1 Inventory at beginning of ye	ear 1	6 Invento	ry at end of year	6
2 Purchases	2	7 Cost of	f goods sold. Subtract	
3 Cost of labor		line 6 fr	rom line 5. Enter here	-
4 a Additional section 263A costs (attac	ch schedule)		Part I, line 2	
	4a			Yes No
b Other costs (attach sch)	4 b		rules of section 263A (w y produced or acquired to	
5 Total. Add lines 1 through 4			organization?	
Schedule C - Rent Income	e (From Real Property and	d Personal Property	Leased With Real F	Property) (see instructions)
1 Description of property				
(1)				
(2)				
(3)				
(4)				
	2 Rent received or accrued		3(a) Deduction	ons directly connected with
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	r personal (if the perce b but not property ex	eal and personal property entage of rent for persona ceeds 50% or if the rent i I on profit or income)	the income	in columns 2(a) and 2(b) ttach schedule)
(1)				
(2)				
(3)				
(4)				
Total	Total		45.7.1.1.1.1	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6			(b) Total deductions here and on page 1, P I, line 6, column (B) .	Part
Schedule E — Unrelated De	ebt-Financed Income (see	instructions)		
1 Description of deb	t-financed property	2 Gross income from or allocable to debt-	3 Deductions directly debt-fine	connected with or allocable to anced property
r Bescription or des	c initiational property	financed property	(a) Straight line depreciation (attach so	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 column 6)	x Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page	e 1, Enter here and on page 1 A). Part I, line 7, column (B)
			i arti, iiiic /, Coluifill (/	Ty. Fart I, IIIIe /, COIUIIII (D)
Totals				
Total dividends-received deducti				Farma 000 T (0016
BAA	TE	EA0203L 01/30/19		Form 990-T (2018

Schedule F — Interest, A	maid	cs, Royalti			trolled Or			oi gai	IIIZations !	(300 111.	Structions	·)
1 Name of controlled organization	ide	Employer ntification number	i	Net uni ncome ee instri		4	4 Total of speci payments ma	ified de	5 Part of that is incompared the conforganized gross in the conforganized the conf	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)												
(2)												
(3)												
(1) (2) (3) (4)												
Nonexempt Controlled Organiz	ations										I	
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	d	10 Part of included in organizatio	n the d	controlling		connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)												
(4)												
Totals							Add columns here and on p		, Part I, line		and on p	s 6 and 11. Enter page 1, Part I, line lumn (B).
Schedule G – Investmen). (or (17) Orga	nizati	ion (see ins	truction	ns)	
1 Description of income		2 Amount			3 dire	De ctly	ductions connected schedule)		4 Set-asides	5	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)							<u> </u>					
(1) (2) (3) (4)												
(3)												
(4)												
TotalsSchedule I — Exploited E		Enter here are Part I, line 9	, colui	mn (A).		n A	Advertising	Incor	ne (see inst	ruction	Part I, Ii	ere and on page 1 ine 9, column (B).
1 Description of exploited a		2 Gros unrelate busines income fr trade o busines	s ed ss om or	3 Experion connection of u	nses directly ected with duction nrelated ess income	4 I fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	6 Exp	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals		Enter here on page Part I, lin column	e 1, e 10,	on p Part I	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26.
Schedule J – Advertisin		me (coo incl	ruotic	nc)								
Part I Income From Pe		•			ncolida	+~	d Pacie					
Part I Income From Pe	riodic									• •		T==
1 Name of periodical		2 Gros advertisi income	ng	adve	Direct ertising osts	(1	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome		ndership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						-						
(2)												
(3)												-
(4)												
Totals (carry to Part II, line (5)))	•										

Form 990-T (2018) WHITE ASH BROADCASTING INC. 94-2297746 Page
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

7 on a line-by-line basis.)						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(2)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1− 5)						
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	istees (see instri	uctions)		
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ated business
				!	90	
				9	00	
				9	00	
				9	96	
Total. Enter here and on page 1, Part II	line 14				•	
BAA		TEEA0204 L	12/31/18		·	orm 990-T (2018)

2018	FEDERAL STATEMENTS	PAGE 1
CLIENT WHITEASH	WHITE ASH BROADCASTING INC.	94-2297746
3/06/20		12:47PM
STATEMENT 1 FORM 990-T, PART I, LINE 12 OTHER INCOME		
RENTAL INCOME FROM PERSONAL	PROPERTY TOTA	\$ 11,520. \$ 11,520.
STATEMENT 2 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS		
RENTAL EXPENSES FROM PERSONA	AL PROPERTY TOTA	\$ 2,739. \$ 2,739.

\$ NET RENTAL INCOME OR LOSS \$	94-2297746 12:47PM 11,520. 122. 1,552. 85. 980. 2,739. 8,781.
NET RENTAL INCOME OR LOSS \$	11,520. 122. 1,552. 85. 980. 2,739.
NET RENTAL INCOME OR LOSS \$	122. 1,552. 85. 980. 2,739.
\$ NET RENTAL INCOME OR LOSS \$	85. 980. 2,739.
	8,781.
FORM 990 SOURCE	
07. 1,756,907. PART IX, LINE 25, CO 0. 0. PART IX, LINES 1-3, 0. 4,989. PART VIII, LINE 2, C	L. B COL. B OL. A
(A) (B) (C) PROGRAM MANAGEMENT SERVICES & GENERAL 61,647. 48,677. 11,810. 61,647. \$ 48,677. \$ 11,810.	(D) FUND- RAISING 1,160. \$ 1,160.
(A) (B) (C) PROGRAM MANAGEMENT TOTAL SERVICES & GENERAL	(D) FUNDRAISING
5 500 / /07 275	827. 792.
21,076. 10,538. 10,538. 5,598. 5,598.	2,005.
	PROGRAM MANAGEMENT & GENERAL 5,509. 4,407. 275. 21,076. 10,538. 10,538.

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

6/20		DATE	DATE COST /	DIIC	CUR	SPECIAL	PRIOR 179/	PRIOR DEC. BAL	SALVAG	DEDD	DDIOD				12:47F
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD BASIS	BUS. PCT.	179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.	/BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/	'990-PF														
BUILDING	G & IMPROVEMENTS														
33 SIGN/	AGE	6/01/16	4,	86						4,386	1,097	S/L HY	10	.10000	4
34 HI-TE	ECH HOME	6/01/16	61,	26						61,626	3,622	S/L MM	39	.02564	1,5
36 ACOU	JSTICAL/ARCHITECTURAL	6/01/16	23,4	56						23,456	1,378	S/L MM	39	.02564	6
37 ROOF	- CONSTRUCTION	6/01/16	76,	65						76,565	12,764	S/L HY	15	.06670	5,
38 A/C/	AND HEATING - CONS	6/01/16	345,	37						345,737	86,435	S/L HY	10	.10000	34,5
39 FL00	RING - CONSTRUCTION	6/01/16	75,	83						75,783	27,069	S/L HY	7	.14280	10,8
40 BUILE	DING CONSTRUCTION	6/01/16	2,406,	34						2,406,634	141,438	S/L MM	39	.02564	61,7
43 CONS	STRUCTION ADMIN	6/01/16	160,9	29						160,929	9,457	S/L MM	39	.02564	4,
44 ARCH	IITECT FEES	6/01/16	159,	91						159,891	9,398	S/L MM	39	.02564	4,
45 ELEC	TRICAL HOOKUPS	6/01/16	22,3	30						22,330	1,313	S/L MM	39	.02564	
46 LAND	SCAPING	6/01/16	7,	73						7,573	1,053	S/L HY	18	.05560	
47 ELEC	TRICAL - CONSTRUCTION	6/01/16	479,	65						479,565	239,783	S/L HY	5	.20000	95,
49 DONG	OR SIGNAGE	9/30/16	7,	49						7,149	1,891	S/L HY	10	.10000	
50 IMPR	OVEMENTS 2016	3/31/17	8,0	80						8,080	1,212	S/L HY	10	.10000	
54 MARI	AM WALL	12/19/18	11,	37						11,637		S/L	39		2
TOTA	AL BUILDING & IMPROVEMEN		3,851,	41	0	0	(0 0	0	3,851,341	537,910				221,7
FURNITU	RE AND FIXTURES														
1 4538-	WEBSITE UPGRADE	9/27/07	5,1	00						5,000	5,000	S/L	5		
24 COMF	P - RICHARDSON/PLEVIN	1/30/14	2,0	13						2,013	1,897	S/L	5		
25 RECO	RDING EQUIPMENT	4/04/14	2,	84						2,184	2,184	S/L	3		
26 SERV	ER	5/08/14	12,	87						12,787	11,187	S/L	5		1,4
27 COPIE	ER	9/24/14	5,	30						5,130	5,130	S/L	3		

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

5/20								PRIOR										12:4
10	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR	PRIOR DEC. BAI 	SALVA L /BASI REDUC	I SI	DEPR. BASIS	PRIOR DEPR.	METHO	<u>D</u> <u>L</u>	JEE .	RATE .	CURRE DEPR
29 N	MUSIC SERVER	11/19/14		2,586								2,586	1,982	9	S/L	5		
31 I	SLAND CABINET	6/01/16		2,320								2,320	580	S/L	HY	10	.10000	
41 F	PHONE SYSTEM	6/01/16		21,311								21,311	8,881	S/L	HY	6	.16670	
51 (OFFICE FURNITURE	3/31/17		3,518								3,518	754	S/L	HY	7	.14290	
55 C	CONFERENCE ROOM 82 TV	12/27/18		7,959								7,959		(S/L	5		
56 2	27-IN IMAC	9/30/19	-	2,628								2,628		5	S/L	5	-	
1	TOTAL FURNITURE AND FIXTURE			67,436		0	0		0	0	0	67,436	37,595					
LANI	D																	
21 L	AND	9/30/14	_	411,650								411,650					. <u>-</u>	
1	TOTAL LAND			411,650		0	0		0	0	0	411,650	0					
LEAS	SEHOLD IMPROVEMENT - BAKERSFI	ELD																
2 1	520-BROADCAST BUILDING	3/01/87		21,883								21,883	21,883	(S/L	15		
20 4	1630-OIL WIZE-CONCRETE	6/06/13	_	16,150								16,150	5,699	(S/L	15	-	
1	TOTAL LEASEHOLD IMPROVEMEN			38,033		0	0		0	0	0	38,033	27,582					
MISO	CELLANEOUS																	
53 S	SCULPTURE	10/31/17	_	19,000								19,000	3,483	Ç	S/L	5	. <u>-</u>	
1	TOTAL MISCELLANEOUS			19,000		0	0		0	0	0	19,000	3,483					
UEEI	CE EQUIPMENT																	

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

6/20																12:47F
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.
3	1260-TRANSMITTOR FM3.5K	2/12/87		26,680)						26,680	26,680	S/L	15		
4	1270-STERO GENERATO MOD	2/12/87		5,860)						5,860	5,860	S/L	10		
5	1390-MAGNUM 18M TOWER	2/12/87		13,684	ļ						13,684	13,684	S/L	15		
6	1650-TDK-60-305 & TOWER	12/07/87		14,655	<u>,</u>						14,655	14,655	S/L	7		
7	2460-TRANSMITTER	3/01/96		10,750)						10,750	10,750	S/L	10		
8	2470-EXCITER	3/01/96		6,290)						6,290	6,290	S/L	10		
9	2480-TRANS LINE PARTS	3/01/96		15,184	ļ						15,184	15,184	S/L	10		
10	2820-PRODUCT CONSOLE	5/15/97		6,022)						6,022	6,022	S/L	7		
11	2990-DIGITAL OPTI	1/22/99		10,385	5						10,385	10,385	S/L	7		
12	4476-ENCO COMPUTER	7/11/05		11,855	5						11,855	11,855	S/L	5		
14	4533-STATELLITE LINK	6/01/07		31,640)						31,640	17,929	S/L	20		1,5
18	4615-MODULATION MONITOR	12/01/11		6,505	5						6,505	6,451	S/L	5		
19	4621-AIR COMPRESSOR	10/31/12		3,380)						3,380	2,014	S/L	10		3
30	STUDIO EQUIPMENT	6/01/16		73,248	3						73,248	30,522	S/L HY	6	.16670	12,2
32	PLANNING FOR TRANSMITTER	6/01/16		27,704	ļ						27,704	5,327	S/L HY	13	.07690	2,1
35	TOWER INSTALLATION	6/01/16		35,120)						35,120	6,754	S/L HY	13	.07690	2,7
42	INSTAL. OF STATELLITE	6/01/16		2,811							2,811	540	S/L HY	13	.07690	2
52	RADIO EQUIPMENT	3/31/17	_	4,515	<u> </u>						4,515	1,355	S/L HY	5	.20000	9
	TOTAL OFFICE EQUIPMENT			306,288	3	0	0	() (0	306,288	192,257				20,0
0FI	FICE EQUIPMENT - AUBERY															
13	4484-6 BAY ANTENNA	10/12/05		22,693	}						22,693	18,155	S/L	15		1,
15	4536-STATELLITE LINK	6/01/07	_	32,619	<u> </u>				_		32,619	18,451	S/L	20		1,6
	TOTAL OFFICE EQUIPMENT - AUB			55,312	2	0	0	() (0	55,312	36,606				3,1

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

5/20															12:47F
NO	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD 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 EQ	UIPMENT - BAKERSFIELD														
16 4609-P0	OWER MODULES TRANS	11/02/10	3,71	13						3,713	1,463	S/L	20		
17 4610-P	OWER MODULES TRANS	11/02/10	4,00	03						4,003	1,556	S/L	20		2
22 COMPR	RESSOR	11/14/13	4,84	17						4,847	2,364	S/L	10		
23 GENERA	ATOR INSTALLATION	8/20/14	7,50	00						7,500	3,094	S/L	10		
28 GENERA	ATOR	7/23/14	13,62	29						13,629	11,472	S/L	5		2,
48 TRANS	MITTER AND ANTENNA	5/03/16	18,55	52				;		18,552	8,966	S/L	5		3,
TOTAL	OFFICE EQUIPMENT - BAK		52,24	14	0	0	1	0 0	0	52,244	28,915				7,4
TOTAL	DEPRECIATION		4,801,30	<u>)4</u>	0	0		0 0	0	4,801,304	864,348				264,9
GRAND	TOTAL DEPRECIATION		4,801,30	<u>)4</u>	0	0		0 0	0	4,801,304	864,348			;	264,

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' 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.

WHEN TO FILE: Corporations — File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations — File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

	e required to pay electronically, see i		DUE, DO NOT MAIL THIS VOUCHER		DETACH HERE
2018	Payment Vou Exempt Orga	cher for C	orporations and e-filed Returns		3586 (e-file)
WHITE ASH CAITLIN J	BROADCASTING ENSEN VIAL AVENUE	09-30-19	00000000000	18	FORM 3
559-862-2	480				

059 6181186 CACA1201L 12/12/18 FTB 3586 2018

AMOUNT OF PAYMENT

10.

2018 California Exempt Organization Annual Information Return

FORM

199

		-	ear beginning (mm/dd/y	/yyy) 10/	01/201	.8 ,	and ending (r	mm/dd/yyy	^(y) 9/30/	201	9 .		
Corporation/Or	ganization r	name								С	alifornia corpora	ation nui	mber
			STING INC.								733515		
Additional infor	mation. See	e instruction	S.								EIN	7.4.6	
Street address	(suite or ro	om)									94-22977 MB no.	40	
2589 AI	•	•	NUE										
City								State			ip code		
CLOVIS Foreign country	/ name							CA Foreign prov	vince/state/county		93611 oreign postal co	nde	
r oreigir courtily	y manne							r oreign pro-	rincerstatereounty		oreign postar co	uc	
B Amended C IRC Section D Final Info ■ □ Di Enter date C Check acc 1 □ C F Federal re 4 □ Oth G Is this a g H Is this org	Return on 4947(a)(ormation Re issolved e: (mm/dd/ counting me Cash 2 eturn filed? her 990 seriogroup filing	(1) trust	990T 2 ●	Yes Yes Yes Merged ∕ R 3 ● □ Sc Yes	X No X No Reorganized The H (990) X No X No	K Is If If R R e; M Is	rganization enga ee instructions . the organizatio 'Yes,' enter the onnember sourc organization is &TC Section 23; acception, check I the organizatio id the organizatio id the organizatio	on exempt un gross receipt ces	nder R&TC Sectio	n 23701 \$ ry?	g? •	Yes	X No X No No
Did the or	rganization ted to the F	TB? See in	hanges to its guidelines structions		X No	P Is	federal Form 1 ate filed with IR	023/1024 p RS	ending?			Yes Yes	X No
Part I	Comple	te Part I ı	unless not required to	file this form	1. See Ge	neral	Information	B and C.			1		
	1 Gr	oss sales	or receipts from other	er sources. Fr	om Side :	2, Par	t II, line 8		•	1		<u> 203,</u>	<u>,009.</u>
Receipts			and assessments fro							2	_		
and			ibutions, gifts, grants					SEE	SCHB.	3	2,	<u>179,</u>	,714.
Revenues		-	receipts for filing requ				-		ı: D -			200	
			ust be completed. If t					erai intorn	nation B •	4	2,	382,	<u>,723.</u>
	-	•	ds solder basis, and sales ex										
			Add line 5 and line 6							7			
			income. Subtract line								2	302	,723.
		_	ises and disbursemen							<u>8</u> 9	•		, 123. , 949.
Expenses			eceipts over expenses							10	۷,		, 343. , 774.
		tal pavm								11		223,	, , , , , , , ,
)	entsen General Information						•	12			
	-		palance. If line 11 is n						-	13			
		-	ance. If line 12 is mor							14			
Filing Fee					•					15			
. 00			10 or \$25. See Gener										10.
			nd Interest. See Gene							16			
			Add line 12, line 15, and lin							17		1 1: 6 :	10.
Sign	correct, an	alties of per id complete.	jury, I declare that I have exa Declaration of preparer (othe			compar all inforr	nation of which p					bellet, it	t is true,
Here	Signature of officer	>			Title	n te a tr	•	D	ate		■ Telephone 559-862-	240	^
					PRESI	DENT	Date	(Check if		PTIN	-240	<u> </u>
Paid	Preparer's signature	FAU	STO HINOJOSA,	CPA, CF	E				self- employed		20019691	. 2	
Preparer's	Firm's nan		PRICE, PAIGE								Firm's FEIN		
Use Only	(or yours, self-emplo	if 💌	570 N MAGNOLI							\Box	77-02030	07	
	and addres	ss	CLOVIS, CA 93								Telephone		
											(559) 29	99-9 <u>!</u>	540
	May the	e FTB dis	cuss this return with	the preparer s	shown ab	ove?	See instructi	ions		•	X Yes		No
								_					

WHITE ASH BROADCASTING INC.

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.

Schedule Balance Sheet		1	Gross sales or receipts from all	business activities. See	instructions		1	
Receipts of Gross royalties 5 Gross royalties 5 Gross royalties 5 Gross amount received from sale of assets (See Instructions) 6 6 Gross amount received from sale of assets (See Instructions) 6 6 Gross amount received from sale of assets (See Instructions) 7 Other Income. Attach schedule 7 Other Income. Attach schedule 8 SEE STATEMENT 1 9 7 10 Union of Total gross sale or receipts from other sources. Add line I through line 7. Enter here and on Side 1, Part I, line 1 8 10 Union of State (See Instructions) 1 10 Union of State (See Instructions) 1 11 Compensation of officers, directors, and trustees. Attach schedule 1 11 Compensation of officers, directors, and trustees. Attach schedule 1 11 Compensation of officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 11 Compensation of Officers, directors, and trustees. Attach schedule 1 1 Compensation of Officers, directors, and trustees. Attach schedule 1 1 Compensation of Officers, directors of Officers of Officers, directors of Off		2	Interest				2	3,851.
from degree of Gross amount received from sale of assets (See Instructions). 6 Gross amount received from sale of assets (See Instructions). 7 Other Income. Attach schedule 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side I, Part I, line 1. 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side I, Part I, line 1. 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side I, Part I, line 1. 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side I, Part I, line 1. 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side I, Part I, line 1. 10 Disburse-ments 11 Compensation of officers, directors, and trustees. Attach schedule 12 Compensation of officers, directors, and trustees. Attach schedule 13 Interest. 14 Taxes. 15 Rents. 16 Depreciation and depletion (See instructions). 17 Other Expenses and Disburse-ments. Attach schedule. 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 3 19 Total Expenses expenses line 1 10 Other Expenses and Disbursements. Add line 9 through line 1 10 Other Expenses and disbursements. Add line 9 through li		. 3	Dividends				3	
Other Sources 7 Gross royalties 6 Gross amount received from sale of assets (See Instructions). 7 Other income. Attach schedule. 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 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. 9 Contributions, figure, grants, and similar amounts paid. Attach schedule 10 Disbursements to or for members 11 Compensation of officers, directors, and trustees. Attach schedule 12 Other salaries and wages. 13 Interest. 14 Taxes. 15 Rents 16 Depreciation and depletion (See instructions). 17 Other Expenses and Disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 19 Other receivable 10 See a section of through line 17. Enter here and on Side 1, Part I, line 9 10 Other Expenses and line 18 10 Other Expenses and line 18 11 Lind 1. 12 Other Expenses and 10 side 18 12 Other Expens		ots 4	Gross rents			•	4	11,520.
6 Gross amount receipt from sale or assets (See Instructions). 7 Other income. Attach schedule. 8 Total goss sales or receipts from other sources. Add line I through line?, Enter here and on Side 1, Part I, line 1. 9 Contributions, gifts, grants, and smillar amounts pand. Attach schedule. 9 Contributions, gifts, grants, and smillar amounts pand. Attach schedule. 11 Disbursements to or for members. 11 Compensation of officers, directors, and trustees. Attach schedule. 12 Other salaries and wages. 13 Interest. 14 Taxes. 15 Rents. 16 Depreciation and depletion (See instructions). 17 Other Expenses and Disbursements. Attach schedule. 18 Total expenses and disbursements. Attach schedule. 18 Total expenses and disbursements. Attach schedule. 19 Total expenses and disbursements. Attach schedule. 10 Schedule L. 10 Balance Sheet 10 Gross Sees Stratement 2. 10 Gross Sees Stratement 2. 11 Cash. 12 Cash. 13 Total expenses and disbursements. Attach schedule. 14 Inertoriacs 15 Pederal and state government chilipations. 16 Inexternation in other bonds. 17 Cash. 18 Mortgape loans. 19 Other inexternation in other bonds. 19 Other inexternation in other bonds. 10 A Gross Sees Stratement 3. Attach schedule. 10 A Gross Sees Sees Sees Sees Sees Sees Sees S	Other	5	Gross royalties				5	
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.	Source	es 6	Gross amount received from sal	le of assets (See Instruct	ions)		6	
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.		7	Other income. Attach schedule.		SEE ST	TATEMENT 1 🕳	7	187,638.
10 Disbursements to or for members 11 Compensation of officers, directors, and trustees. Attach schedule 11 11 12 12 Uther salaries and wages 12 Uther salaries and wages 13 Interest 13 Interest 13 Interest 13 Interest 13 Interest 15 Rents 15 Rents 15 Rents 15 Rents 15 Rents 16 Depreciation and depletion (See instructions). 16 Depreciation and depletion (See instructions). 18 Total expenses and Disbursements. Attach schedule SEE STATEMENT 2 17 18 Total expenses and disbursements. Attach schedule SEE STATEMENT 2 17 18 Zechedule Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) Restriction Res		8						203,009.
11 Compensation of officers, directors, and trustees. Attach schedule.		9	Contributions, gifts, grants, and similar a	amounts paid. Attach schedule		•	9	·
12		10	Disbursements to or for membe	ers		•	10	
Expenses 13 Interest 14 Taxes 14 Taxes 14 Taxes 14 Taxes 14 Taxes 15 Rents 15 Rents 15 Rents 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2 17 Taxes 16 Taxable year Schedule L Balance Sheet Beginning of taxable year End		11	Compensation of officers, direct	tors, and trustees. Attach	schedule		11	90,947.
Disburse 14 Taxes 15		12	Other salaries and wages				12	767,028.
Disburse 14 Taxes 15	Expens	ses 13	Interest				13	52,819.
15 Netricition and depletion (See instructions).	Disbur	se- 14	Taxes				14	66,109.
17 Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2 17 18 18 10 18 10 18 19 19 19 19 19 19 19	ments	15	Rents				15	63,188.
17 Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2 17 18 18 10 18 10 18 19 19 19 19 19 19 19		16	Depreciation and depletion (See	e instructions)			16	264,905.
18		17						853,953.
Schedule Balance Sheet		18						2,158,949.
1 Cash. 783,956. ● 2 Net accounts receivable 331,575. ● 3 Net notes receivable 331,575. ● 4 Inventories ● 5 Federal and state government obligations ● 6 Investments in other bonds 233,847. ● 7 Investments in stock 472,073. ● 8 Mortgage loans ● 9 Other investments. Attach schedule ● 10 a Depreciable assets.	Sche	dule L					of tax	
2 Net accounts receivable	Assets	;		(a)	(b)	(c)		(d)
3 Net notes receivable	1 Ca	ash					•	860,806.
Investments in other bonds	2 N	let accounts	receivable		331,575.		•	555,826.
Federal and state government obligations Investments in other bonds Investments in stock Mortgage loans Descriptions, gifts, or grants payable. The Bonds and notes payable. The Bon	3 N	let notes rec	eivable					*
6 Investments in other bonds							_	
7 Investments in stock							_	
8 Mortgage loans 9 Other investments. Attach schedule 10 a Depreciable assets. b Less accumulated depreciation. 11 Land. 12 Other assets. Attach schedule. 13 Total assets. 13 Total assets. 14 Accounts payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 21 Total liabilities and net worth. 22 Total liabilities and net worth. 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 6 Total. Add line 7 and line 8.								303,303.
Total labilities and net worth Accounts payable. Total labilities. Attach schedule. Bonds and notes payable. Total roughes payable. Retained earnings or income fund. Retained earnings o					472,073.		_	233,430.
10a Depreciable assets. b Less accumulated depreciation. 11 Land. 12 Other assets. Attach schedule. 13 Total assets. 14 Accounts payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth 3 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. 2 Federal income tax. 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return.							•	<u> </u>
b Less accumulated depreciation. 864,348. 3,503,083. 1,129,253. 3 11 Land. 411,650. 12 Other assets. Attach schedule. STM 3 40,697. 13 Total assets. 5,776,881. 5 Contributions, gifts, or grants payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. STM 4 9,600. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. 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. 220,266. 2 Federal income tax 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 9 Total. Add line 7 and line 8 Net income per return.							•	•
11 Land		•						
12 Other assets. Attach schedule. STM 3 13 Total assets 5,776,881. 5 Liabilities and net worth 14 Accounts payable. 63,512. • 15 Contributions, gifts, or grants payable. • 16 Bonds and notes payable. • 17 Mortgages payable. 1,335,502. • 18 Other liabilities. Attach schedule. STM 4 19 Capital stock or principal fund. • 20 Paid-in or capital surplus. Attach reconciliation. 12 Retained earnings or income fund. 22 Total liabilities and net worth 5,776,881. 5 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 5,776,881. 5 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 6,20,266. 7 Income recorded on books this year not included in this return. Attach schedule. SEE ST 5 3 Excess of capital losses over capital gains 6 4 Income not recorded on books this year. Attach schedule. 9 Total. Add line 7 and line 8			•	·				3,260,402.
13 Total assets								411,000.
Liabilities and net worth 14 Accounts payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. Schedule M-1 Net income per books. 21 Net income per books. 22 Federal income tax 23 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 6 Aga, 512. 9 Ag, 512. 9 Ag	12 0	ther assets.	Attach schedule	3			•	43,040.
14 Accounts payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth 23 Schedule M-1 24 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. 2 Federal income tax 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 6 Income per return. 7 Income recorded on books this year. Attach schedule. 9 Total. Add line 7 and line 8. 10 Net income per return.					5,776,881.			5,771,791.
15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. 23 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. 220,266. 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Income per return. 8 Deductions in this return not charged against book income this year. Attach schedule. 9 Total. Add line 7 and line 8. 10 Net income per return.								
16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth 23 Schedule M-1 Reconciliation of income per books with income per return 25 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 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Income per return. 6 Income not recorded on books this year. Attach schedule. 9 Total. Add line 7 and line 8. 10 Net income per return.					63,512.		_	74,430.
17 Mortgages payable. 18 Other liabilities. Attach schedule. 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. 35,776,881. 4,368,267. 5 Chedule 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. 2 Federal income tax. 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 6 Total Add line 7 and line 8. 7 Income recorded on books this year. Attach schedule. 9 Total. Add line 7 and line 8. 10 Net income per return.							_	
18 Other liabilities. Attach schedule. STM 4 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. 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. 22 Federal income tax. 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 9 Total. Add line 7 and line 8. 10 Net income per return.								
19 Capital stock or principal fund							•	1,000,100.
20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth 3					9,600.			9,600.
21 Retained earnings or income fund. 4,368,267. 5 22 Total liabilities and net worth 5,776,881. 5 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								
Total liabilities and net worth 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. Net income per books Federal income tax Sexcess of capital losses over capital gains Income not recorded on books this year. Attach schedule Expenses recorded on books this year not deducted in this return. Attach schedule Total liabilities and net worth 5,776,881. Sexcess of capital losses than \$50,000. Income recorded on books this year not included in this return. Attach schedule SEE ST 5 Beductions in this return not charged against book income this year. Attach schedule Total Add line 7 and line 8 Net income per return.			•		4 260 267			
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			-					4,588,533. 5,771,791.
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								5,111,191.
Federal income tax	SCIIC	uuic ivi-	Do not complete this schedule	if the amount on Schedule	L, line 13, column (d),	is less than \$50,000	١.	
Federal income tax	1 N	let income p			7 Income recorded or	n books this year not inc	luded	
Attach schedule. Attach schedule. Expenses recorded on books this year not deducted in this return. Attach schedule. Total. Add line 7 and line 8. Net income per return.	_			•			T. 5	-3,508.
Attach schedule 5 Expenses recorded on books this year not deducted in this return. Attach schedule • Attach schedule 9 Total. Add line 7 and line 8 10 Net income per return.				•		-		
5 Expenses recorded on books this year not deducted in this return. Attach schedule			T T					
in this return. Attach schedule			<u> </u>	•)
								-3,508.
6 Total. Add line 1 through line 5				220,266.			-	223,774.
O Total. Add the Lithough the J	v 10	otai. Auu IIII	e i uiiouyii iiii e 3	220,200.	, Subtract fine 3			223,114.

3652184 **Side 2** Form 199 2018 059 CACA1112L 12/13/18

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

WHITE ASH BROADCASTING INC.		94-2297746
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	s a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	orivate 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) orga	anization can check boxes for both the General Rule and	a Special Rule. See instructions.
General Rule		
\fbox{X} For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	c, or 990-PF that received, during the year, contributions te Parts I and II. See instructions for determining a contribution	totaling \$5,000 or more (in money or ributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% s that checked Schedule A (Form 990 or 990-EZ), Part II, line ne year, total contributions of the greater of (1) \$5,000; o 0-EZ, line 1. Complete Parts I and II.	13. 16a. or 16b. and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv than \$1,000 <i>exclusively</i> for religious, charitable, scientific children or animals. Complete Parts I (entering 'N/A' in	ed from any one contributor, c, literary, or educational column (b) instead of the
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive religious, charitable, etc., purposes, but no such contribute total contributions that were received during the year flay of the parts unless the General Rule applies to this orable, etc., contributions totaling \$5,000 or more during the	butions totaled more than for an <i>exclusively</i> religious, ganization because
990-PF), but it must answer 'No' on Part IV, lin	he General Rule and/or the Special Rules doesn't file So e 2, of its Form 990; or check the box on line H of its Fo filing requirements of Schedule B (Form 990, 990-EZ, or	rm 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule	В (Го	rm 990, 990-EZ, or 9	90-PF) (2018)
Name of org	janizatio	n	
WHITE	ASH	BROADCASTING	INC.

Employer identification number

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JAMES IRVINE FOUNDATION BUSH STREET FL. 8	\$ 180,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94104		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1 <u>01,356.</u>	Person X Payroll Noncash
	FRESNO, CA 93711		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA STREET	\$ <u>_117,975.</u>	Person X Payroll Noncash
	LOS ANGELES, CA 90012		(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total	(d)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	CALIFORNIA HEALTHCARE FOUNDATION	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
_	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400	contributions	Person X Payroll Noncash (Complete Part II for
4 (a)	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 (b)	\$ 87,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW	\$ 87,000.	Type of contribution Person X Payroll
4 (a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW WASHINGTON, DC 20004 (b)	\$87,000. \$87,000. (c) Total contributions \$151,768.	Type of contribution Person X Payroll
(a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW WASHINGTON, DC 20004 Name, address, and ZIP + 4 CHARITABLE ADULT RIDES & SERVICES	\$ 87,000. (c) Total contributions \$ 151,768.	Type of contribution Person X Payroll

Employer identification number

WHITE ASH BROADCASTING INC.

Name of organization

94-2297746

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Empl	oyer identification	number
0.4	0007746	

WHITE ASH BROADCASTING INC.

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contrib ompleting Part III, enter the tota	outor. Comple al of <i>exclusive</i>	te columns (a) through (e) and ely religious, charitable, etc.,
	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			
	Transferee's name, addres	(e) Transfer of gift s. and ZIP + 4	Rela	ationship of transferor to transferee
		.,		
		. – – – – – – – – – –		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
		. – – – – – – – – – –		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
		. – – – – – – – – – –		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
	<u> </u>	. – – – – – – – – – –		
	<u> </u>			

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

3885

Δttac	ch to Form 100 or For	m 100W FOR	<u>.</u> 4 199						
	ration name	HITOUN. FORI	1 199				California	corporati	on number
F-7777		NACHTNC TNC					07225		
	TE ASH BROADO			.: 170			07335	012	
Par 1		•	perty Under IRC S						405 000
1	Maximum deduction							2	\$25,000
2	Total cost of IRC Sec		•						4000 000
3	Threshold cost of IRO		-					3	\$200,000
4	Reduction in limitation							5	
5_	Dollar limitation for t		act line 4 from line					ם	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of							8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9	
10	Carryover of disallow	ved deduction from	prior taxable year	S			1	0	
11	Business income lim			,	,			1	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11	1	2	
13	Carryover of disallow								
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciati		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this ye	ar	year depreciation
				earlier years					400.00.41.01.
453	88-WEBSITE UP	9/27/2007	5,000.	5,000.	S/L	5			
152	0-BROADCAST	3/01/1987	21,883.	21,883.	S/L	15			
126	0-TRANSMITTO	2/12/1987	26,680.	26,680.	S/L	15			
127	70-STERO GENE	2/12/1987	5,860.	5,860.	S/L	10			
139	00-MAGNUM 18M	2/12/1987	13,684.	13,684.	S/L	15			
15	Add the amounts in		•	•					
13	\$2,000. See instructi						264,	905.	
Par		,				<u> </u>			
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or				
	Additional first year of Depreciation (if no e								
17	Total depreciation cl	* *		· ·	107				
	Depreciation adjustm							· ''	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,							10	
David	state adjustments or	Form 100 or Forn	n 100w, no adjustn	nent is necessary.).				. 18	
Par		415		<u> </u>	n.		- 40		
19	(a) Description	(b) Date acquire	d (c) Cost o		d) ization	(e) R&TC	(f) Period o	r	(g)
	of property	(mm/dd/yyyy			r allowable	section	percentag		Amortization for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	nts in column (a)					2	20	
21	Total amortization cl	(0)						1	
			•						
22	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	, enter the difference	e here and o	on Form 100	or		
_	Form 100W, Side 2,	line 12		<u></u>	<u> </u>		<u></u> 2	22	
	-	-	•	•					

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

3885

2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0. 5 (a) Description of property (b) Cost		ch to Form 100 or For	m 100W. FORI	M 199									
Part Election To Expense Certain Property Under IRC Section 179 Maximum electuler under IRC Section 179 property placed in service. 2 2 3 3 5200_f.	Corpo	ration name							Califor	nia corp	ooratio	on number	
1 S25,C 2 Total cost of IRC Section 179 property before reduction in limitation. 2 Total cost of IRC Section 179 property before reduction in limitation. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property (b) Cast (ausiness use only) (c) Elasted cast 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7	WHI												
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 3 \$ \$200_f.0 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 (a) Description of property (plected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 cost). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 8 and line 10. Line 170 property or line 5. 11 Elected cost of IRC Section 179 property. Add line 9 and line 10. Line 170 property or line 5. 11 Elected cost of IRC Section 179 property districts and line 1 line	Par	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179								
3 Treshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. if zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. if zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. if zero or less, enter -0. 5 Section 179 property (i) District (business use only) (c) Elected cost of IRC Section 179 property. Add amounts in column (i), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (i), line 6 and line 7. 8 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5. 10 Lissenses income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Lissenses income limitation. Enter the smaller of business income (not less than zero) or line 5. 12 IRC Section 179 expense deduction. Add line 9 and line 10, less line 12. 13 Carryover of disallowed deduction of business income (not less than zero) or line 5. 11 Lissenses income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Lissenses income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Lissenses income limitation. Enter the smaller of line 9 and line 10, less line 12. 12 IRC Section 179 expenses deduction. Additional First Year Depreciation Under RRC Section 24356 14 Lissenses income limitation. Date RRC Section 24356 14 Lissenses income limitation. Date RRC Section 24356 14 Lissenses income limitation. Date RRC Section 24356 15 Listenses income limitation. Date RRC Section 24356 16 Listenses income limitation. Date RRC Section 24356 17 Listenses income limitation. Date RRC Section 24356, and the amounts on line 15. Column (g) and (h) or Depreciation of the Column (h) Description of property Listenses in Record purposes from lederal Form 45	1	Maximum deduction	under IRC Section	179 for California.						1		\$25 , 00	0
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Discription of property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 property. Add amounts in column (c). line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c). line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c). line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c). line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c). line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c). line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 5 in line 7. 10 Carryover of disallowed deduction to 2019, Add line 9 and line 10. less line 12. 11 Electron 179 expense deduction. Add line 9 and line 10. less line 12. 12 IRC Section 179 expense deduction to 2019, Add line 9 and line 10. less line 12. 13 Early II Depreciation and Electron of Additional First Year Depreciation Deduction Under RRIO Section 2336 14 (a) Description of property (minddryyyy) of other basis and property of the pr	2	Total cost of IRC Se	ction 179 property	placed in service						2			
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6	3			-						_		\$200,00	0
7 Listed property (elected IRC Section 179 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 11 Business income limitation. Enter the smaller of line 9 or line 8. 9 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 2019. Add line 9 and line 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, but do not enter more than line 11. 12 14 Copy of disallowed deduction for Additional First Year Depreciation Deduction Under RARTC Section 24356 14 Copy of the property of the section of Additional First Year Depreciation Property of the P		Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or les	ss, enter -0				5			
## Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.	6	(a)	Description of property		(b) Cost (busin	ess use only)	(c) El	ected c	ost				
## Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.													
## Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.													
## Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.													
## Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.													
9 Tentative deduction. Enter the smaller of line 5 or line 8	7	Listed property (elec	ted IRC Section 17	79 cost)		7							
10 Carryover of disallowed deduction from prior taxable years	8									8			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9			
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		•		,									
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 14 (a) (b) Cost or Other basis allowed or Additional First Year Depreciation Deduction Under R&TC Section 24356 1650-TDK-60-305 12/07/1987 14,655. 14,655. S/L 7 2460-TRANSMITTE 3/01/1996 10,750. 10,750. S/L 10 2470-EXCITER 3/01/1996 6,290. 6,290. S/L 10 2480-TRANS LINE 3/01/1996 15,184. 15,184. S/L 10 2820-PRODUCT CO 5/15/1997 6,022. 6,022. S/L 7 15 Add the amounts in column (g) and column (h). The total of column (g) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). Total depreciation claimed for federal purposes from federal Form 4562, line 22. 17 Part IV Amortization 19 (a) Description Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) One acquired (mm/dd/yyyy) Date acquired					•								
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 14 (a) (b) Description of Property Date acquired (mm/dd/yyyy) Date acquired										12			_
14 (a) (b) (c) (c) Cost or other basis Depreciation allowed or allowable in earlier years Cost or other basis Depreciation allowed or allowable in earlier years Cost or other basis Depreciation allowable in earlier years Cost or other basis Depreciation allowable in earlier years Cost or other basis Depreciation allowable in earlier years Depreciation of this year Depreciation for this year Depreciation Depreciation for this year Depreciation D								2425	•				
Description of property Control of the pasts and the property of the pasts allowed or allowable in earlier years 1650-TDK-60-305 12/07/1987 14,655. 14,655. 5/L 7 2460-TRANSMITTE 3/01/1996 10,750. 10,750. 5/L 10 2470-EXCITER 3/01/1996 6,290. 6,290. 5/L 10 2480-TRANS LINE 3/01/1996 15,184. 15,184. 5/L 10 2820-PRODUCT CO 5/15/1997 6,022. 6,022. 5/L 7 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). The total of column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) or Form 100W. Side 1, line 6. If line 17 is greater 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. Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments 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. Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, on adjustment is necessary.) Part IV Amortization 19 (a) (b) (c) (c) (d) (e) (Period or period or period or other basis and lowed or allowable in earlier years (see instr)) 20 Total. Add the amounts in column (g). 22 24 Mortization adjustment. If line 21 is creater than line 20, enter the difference here and on Form 100 or Period or other basis and line 15, column (g). 22 24 Mortization adjustment. If line 21 is creater than line 20, enter the difference here and on Form 100 or Period or Section 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				•				24500					_
of property (mm/dd/yyyy) other basis allowed or allowable in earlier years method in earlier yea	14		(b)					or) Denrecia	j) ation :	for	(h) Additional first	
earlier years earlier years								" '			101		
14,655. 14,655. 14,655. 5/L 7 2460-TRANSMITTE 3/01/1996 10,750. 10,750. 5/L 10 2470-EXCITER 3/01/1996 6,290. 6,290. 5/L 10 2480-TRANS LINE 3/01/1996 15,184. 15,184. 5/L 10 2820-PRODUCT CO 5/15/1997 6,022. 6,022. 5/L 7												depreciation	
2460-TRANSMITTE 3/01/1996 10,750. 10,750. S/L 10 2470-EXCITER 3/01/1996 6,290. 6,290. S/L 10	165	.O mpx co 30E	10/07/1007	14 655	-			7					_
2470-EXCITER 3/01/1996 6,290. 6,290. S/L 10 2480-TRANS LINE 3/01/1996 15,184. 15,184. S/L 10													
2480-TRANS LINE 3/01/1996 15,184. 15,184. S/L 10 2820-PRODUCT CO 5/15/1997 6,022. 6,022. S/L 7 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). 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 (fine 16 election is made), enter the amount from line 15, column (g). 17 Total depreciation adjustment. If line 17 is greater 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.) 18 Part IV Amortization 19 (a) Description of property Description of property Description of property Date acquired (mm/dd/yyyy) Other basis Other basis Other basis Other basis Other Description of property Date acquired (mm/dd/yyyy) Other basis Other Description of property Other Description of property Date acquired (mm/dd/yyyy) Other Description of property Other Description of property Other Description Other Descript													_
2820-PRODUCT CO 5/15/1997 6,022. 6,022. S/L 7 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). Part III Summary 16 Total: If the corporation is electing:													
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). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) 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). 16 Depreciation claimed for federal purposes from federal Form 4562, line 22. 17 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.) 18 Part IV Amortization 19													_
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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). 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 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.). 18 Part IV Amortization 19 (a) Description of property (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Cost or other basis (b) Cost or other basis (c) Amortization allowed or allowable in earlier years (see instr) Period or percentage Amortization claimed for federal purposes from federal Form 4562, line 44 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	15							5					
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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.) 18 Part IV Amortization 19 (a) (b) (c) (c) (d) (R&TC) Period or percentage (mm/dd/yyyy) other basis allowed or allowable in earlier years (see instr) 20 Total. Add the amounts in column (g) 20 21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100 o											16		
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.). Part IV Amortization 19 (a)	17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form 4562,	line 22				📑	17		
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in earlier years (see instr) 20 Total. Add the amounts in column (g). 21 Total amortization claimed for federal purposes from federal Form 4562, line 44. 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or		Description of property											
Total amortization claimed for federal purposes from federal Form 4562, line 44		or property	(IIIIII aar yyy)	() Other bas					percerit	age		ioi tilis year	
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Total amortization claimed for federal purposes from federal Form 4562, line 44													
Total amortization claimed for federal purposes from federal Form 4562, line 44													_
Total amortization claimed for federal purposes from federal Form 4562, line 44	20	Total Add the amou	ints in column (a)	1	I			ı		20			_
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or			107										
Amortization adjustificit. If the Z1 is greater than the Z0, enter the difference fiele and off F0111 100 01													_
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 1,	line 6. If line 21 is g	less than line 20,	enter the different	ence here and	d on Form	100 oi	r				
Form 100W, Side 2, line 12										22			

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

2005	
SXX	

	ch to Form 100 or For	m 100W. FORI	м 199								
Corpoi	ration name								Californ	nia corporati	on number
WHI	TE ASH BROADO	CASTING INC.							0733	3515	
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179	9						
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limit	tation				[3	\$200,000
4	Reduction in limitation									4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero	or less, e	enter -0				5	
6	(a)	Description of property		(b) Cost	t (business ι	use only)	(c)	Elected	cost		
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)			7					
8	Total elected cost of									8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.							9	
10	Carryover of disallov								-	10	
11	Business income lim					-			-	11	
12	IRC Section 179 exp					_				12	
13 Part	Carryover of disallov		ional First Year Dep					n 2/12	56		
	•	1				1					(1-)
14	(a) Description	(b) Date acquired	(c) Cost or	Depred		(e) Depreciation	l (f Life		(g Deprecia) ition for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	rat		this y		year
				allowa earlier							depreciation
299	00-DIGITAL OP	1/22/1999	10,385.	1	0,385.	S/L		7			
	6-ENCO COMPU	7/11/2005	11,855.		1,855.	S/L		5			
	84-6 BAY ANTE		22,693.		8,155.	S/L		15	1	,513.	
	33-STATELLITE	6/01/2007	31,640.		7,929.	S/L		20		,582.	
	6-STATELLITE	6/01/2007	32,619.		8,451.	S/L		20		,631.	
15	Add the amounts in	column (a) and co	lumn (h). The total	of column	ı (h) mav	not exceed	4			•	
	\$2,000. See instruct							15			
	III Summary										
16	Total: If the corporat		10		-1 (-1)						
	IRC Section 179 exp Additional first year	dense, add the affic depreciation under	R&TC Section 243	1111e 15, 0 356. add th	olumin (g) ne amoun) or ts on line 1	I5. colu	mns (a) and (h)	or	
	Depreciation (if no e										
	Total depreciation cl									17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the	e differenc	e here and	on For	m 100	or or		
	Form 100W, Side 1,										
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	ment is ne	cessary.).					18	
Par							1 .				
19	(a) Description	(b) Date acquire	d (c)	or .	Amorti		(e R&1		(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy				allowable	secti		percenta		for this year
					in earlie	er years	(see ii	nstr)			
									T		_
20	Total. Add the amou	107								20	
21	Total amortization cl		•		,				F	21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	e difference	e here and	d on For	m 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,									22	
	. ,										

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

2005	
SXX	

Λ+t-o	ch to Form 100 or For	- 100\M = -	- 100						
	ration name	m 100vv. FORI	M 199				California	corporation	on number
·								·	on number
WHI	TE ASH BROADO	CASTING INC.					07335	15	
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.				· · · · · · · · · · · · · · · · · · ·	1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation				3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less, e	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
	(-)			(4) (44)	,	(0, 2			
					+				
7	Listed property (elec		•					_	
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov		,					_	
11	Business income lim			•	•				
12	IRC Section 179 exp						12	2	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciation		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this yea	ar	year depreciation
				earlier years					depreciation
460	9-POWER MODU	11/02/2010	3,713.	1,463.	S/L	20		186.	
	LO-POWER MODU		4,003.	1,556.	S/L	20		200.	
_	L5-MODULATION		6,505.	6,451.	S/L	5			
	21-AIR COMPRE		3,380.	2,014.	S/L	10		338.	
	30-OIL WIZE-C		16,150.	5,699.	S/L	15		077.	
			•					0,,.	
15	Add the amounts in \$2,000. See instruct								
Par		10113 101 11110 14, 00	idiiii (ii)						
16	Total: If the corporat	tion is electing:							
. •	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (q)	or or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	ts on line 1				
	Depreciation (if no e	• • • • • • • • • • • • • • • • • • • •		· ·	,				
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts are used to	determine n	et income b	efore		
	state adjustments or							18	
Par	t IV Amortization								
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description	Date acquire			ization allowable	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy	v) other bas	in earlie		section (see instr)	percentage	=	for this year
				an carne	,	(555 11150)			
20	Total Add the amou	unts in column (a)					2	n	
	Total amortization of	107						_	
21	Total amortization cl		•					1	
22	Amortization adjustr Form 100W, Side 1,	nent. It line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	U or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12			. Here and 0			2	
	. J 3311, Glac Z,							<u> </u>	

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

3885

2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 5 or line 8. 7 Listed property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 cost). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add section 179 line 5 or line 5. 11 Susiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Susiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Suspension income limitation. Add line 9 and line 10, lost line 10. 12 IRC Section 179 expense deduction. Add line 9 and line 10, lost line 10. 13 Carryover of disallowed deduction to 2019, Add line 9 and line 10, lost line 12. 14 (c) (b) (c) (c) (c) (d) (e) (l) (e) (f) (e) (f) (e) (f) (e) (f) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		ch to Form 100 or For	m 100W. FORM	4 199							
Part Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 property placed in service. 3 \$2.55, 2 Total cost of IRC Section 179 property placed in service. 3 \$5.200, 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 5 Dollar limitation Subtract line 3 from line 2. If zero or less, enter -0. 5 5 5	Corpo										
1 Maximum deduction under IRC Section 179 for California. 2 Total cost of IRC Section 179 property before reduction in limitation. 3 \$ \$200, 4 Reduction in limitation. Subtract line 3 from line 2.1 fizero reless, enter -0. 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	WHI	TE ASH BROADO	CASTING INC.					0733	515		
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 4 from line 1. If zero or less, enter -0. 5 Dollar limitation for taxable years. Subtract line 5 or line 8. 7 Listed property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 cost). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add section 179 line 5 or line 5. 11 Susiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Susiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Suspension income limitation. Add line 9 and line 10, lost line 10. 12 IRC Section 179 expense deduction. Add line 9 and line 10, lost line 10. 13 Carryover of disallowed deduction to 2019, Add line 9 and line 10, lost line 12. 14 (c) (b) (c) (c) (c) (d) (e) (l) (e) (f) (e) (f) (e) (f) (e) (f) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Parl										
3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or loss, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or loss, enter -0. 5 5 7 1 1 1 1 1 1 1 1 1	1							<u> </u>		\$25 , 000	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 for line 1. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 for line 1. If zero or less, enter -0. 6 (a) Description of property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) and line 9 and line 10, less line 12. 11 Listed property of disallowed deduction to 12019, Add line 9 and line 10, less line 12. 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 IRC Section 179 expense deduction to 12019, Add line 9 and line 10, less line 12. 13 IRC Property of section 179 expense deduction to 12019, Add line 9 and line 10, less line 12. 14 (a) Description of property of section 179 expense and 174 property of property of property of property of the basis and line 10, less line 12. 15 Add the amounts in column (a) and column (b). The total of column (a) or line 14. column (b) and line 15. column (a) or line 15. column (b) and line 15. column (c) or line 15. column (c) or line	2			•				<u> </u>			
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property (b) Cost (fusiliess use only) (c) Elected cost 7 Listed property (elected IRC Section 179 cost). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. In 1 total column (c) and line 9 and line 10, less than zero) or line 5. 10 Total Electron 179 property (middlysyy) of other basis and line 10, less line 12. 13 Carryover of disallowed deduction to 2019, Add line 9 and line 10, less line 12. 13 Carryover of disallowed deduction for Additional First Year Depreciation Deduction Under R&TC Section 24356 14 (a) (b) (c) (c) (c) (c) (d) (c) (d) (e) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				-						\$200,000	
7 Listed property (elected IRC Section 179 cost).											
7 Listed property (elected IRC Section 179 cost).				act line 4 from line					5		
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 10 Carryover of disallowed deduction from prior taxable years	6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	cost			
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 10 Carryover of disallowed deduction from prior taxable years											
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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 10 Carryover of disallowed deduction from prior taxable years											
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 10 Carryover of disallowed deduction from prior taxable years											
9 Tentative deduction. Enter the smaller of line 5 or line 8	_			•			_		•		
10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enfer the smaller of business income (not less than zero) or line 5	_										
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5								-	-		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12. 14 (a) Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 14 (a) Description of property Description of property of the basis		,		,							
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356		•				_			12		
14 (a) Description of property (mm/dd/yyyy) (mm/dd/yyyyy) (mm/dd/yyyyyy								56			
Description of property (mm/dd/yyyy) allowed or other basis allowed or allowe		•				1			<u> </u>	(h)	
Allowable in earlier years Defectation	17	Description	Date acquired		Depreciation			Deprecia	tion for	Additional first	
LAND 9/30/2014 411,650. 0		of property	(mm/dd/yyyy)	other basis		method	rate	this y	ear		
COMPRESSOR 11/14/2013 4,847. 2,364. S/L 10 485.										depreciation	
COMPRESSOR 11/14/2013 4,847. 2,364. S/L 10 485.	LAN	ID	9/30/2014	411,650.	-		0				
GENERATOR INSTA 8/20/2014 7,500. 3,094. S/L 10 750. COMP - RICHARDS 1/30/2014 2,013. 1,897. S/L 5 116. RECORDING EQUIP 4/04/2014 2,184. 2,184. S/L 3 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$\frac{\pmathcal{2}}{2}\$,200. See instructions for line 14, column (h). 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). 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.) Part IV Amortization 19 (a) Description of property Date acquired (mm/dd/yyyy) Ober Date Ober D	COM	IPRESSOR		•	2,364.	S/L	10		485.		
COMP - RICHARDS 1/30/2014 2,013. 1,897. S/L 5 116. RECORDING EQUIP 4/04/2014 2,184. 2,184. S/L 3 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). 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 (fin on election is made), enter the amount from line 15, column (g). 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 17 18 Depreciation adjustment. If line 17 is greater 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.) 19 (a) Description of property (mm/dd/yyyy) Ober Date acquired (mm/dd/yyyy) Other basis (see instr) 20 Total. Add the amounts in column (g).				•	·		+		750.		
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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). 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). 17 Total 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.) 18 Part IV Amortization 19 (a) Description Of property Date acquired (mm/dd/yyyy) Cost or other basis Date acquired (mm/dd/yyyy) Cost or other basis Date acquired (mm/dd/yyyy) Cost or other basis Date acquired (mm/dd/yyyy)											
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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). 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 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.) 18 Part IV Amortization 19 (a) Description of property (mm/dd/yyyyy) and pate acquired (mm/dd/yyyyy) other basis of property (mm/dd/yyyyy) other basis of the rearlier years (see instr)) 20 Total. Add the amounts in column (g) 20	13										
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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). 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 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.) 18 Part IV Amortization 19 (a) (b) (c) (Cost or Other basis allowed or allowable in earlier years and on Form 100 or Form 100W, and property of the passis allowed or allowable in earlier years are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization 19 (a) (b) (c) (Cost or Other basis allowed or allowable in earlier years allowed or allowable in earlier years allowed or allowable in earlier years allowed or her basis allowed or allowable in earlier years allowed or her basis allowed or allowable in earlier years allowed or her basis allowed or her basis allowed or allowable in earlier years allowed or her basis allowed or her basis allowed or allowable in earlier years allowed or her basis allowed or her basis allowed or allowed or her basis allowed or her basis allowed or allowed or her basis all	16	Total: If the corporat	ion is electing:								
Depreciation (if no election is made), enter the amount from line 15, column (g)		IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or	E columns (a) and (h)	0.5		
Total depreciation claimed for federal purposes from federal Form 4562, line 22											
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.) Part IV Amortization 19 (a) Description of property Date acquired (mm/dd/yyyy) Other basis Cost or other basis allowed or allowable in earlier years In earlier years Total. Add the amounts in column (g).	17	,	, ,		,	(3)					
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State adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization 19 (a) (b) (c) (c) Amortization of property (mm/dd/yyyy) Other basis (mm/dd/yyyy) Other basis (mm/dd/yyyy) Other basis (see instr) 20 Total. Add the amounts in column (g).											
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Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Other basis Amortization allowed or allowable in earlier years R&TC section (see instr) Period or percentage for this year Total. Add the amounts in column (g).	Par	t IV Amortization							•		
of property (mm/dd/yyyy) other basis allowed or allowable in earlier years section (see instr) percentage for this year	19									(g)	
in earlier years (see instr) 20 Total. Add the amounts in column (g).											
(3)		or property	(IIIII/dd/yyyy) Other bas				percenta	gc	ior uns year	
(3)						-					
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(3)	20	Total. Add the amou	nts in column (a)						20		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21		,					-	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 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or			
Form 100W, Side 2, line 12		Form 100W, Side 2,	line 12						22		

2018 Corporation Depreciation and Amortization

3885

	th to Form 100 or For	m 100W. FOR	4 199								
Corpor	ration name						California	corporation	on number		
WHI	ITE ASH BROADCASTING INC. 0733515 rt Election To Expense Certain Property Under IRC Section 179										
Part	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179			•				
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000		
2	Total cost of IRC Se	ction 179 property	placed in service					2			
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limitation				3	\$200,000		
4	Reduction in limitation							4			
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5			
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost				
7	Listed property (elec		•								
8	Total elected cost of							8			
9	Tentative deduction.							9			
10	Carryover of disallov							0			
11	Business income lim			•			<u> </u>	11			
12 13	IRC Section 179 exp			•	_			12			
Part	Carryover of disallov	nd Election of Addit					256				
	•	1			1				(6)		
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	on for	(h) Additional first		
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year		
				allowable in earlier years					depreciation		
SEE	RVER	5/08/2014	12,787.	11,187.	S/L	5	1.	492.			
	PIER	9/24/2014	5,130.	5,130.		3					
	IERATOR	7/23/2014	13,629.	11,472.		5	2.	157.			
	SIC SERVER	11/19/2014	2,586.	1,982.		5		517.			
	DIO EQUIPMEN	6/01/2016	73,248.	30,522.	S/L	6	12.	210.			
	Add the amounts in					<u> </u>					
13	\$2,000. See instruct										
Parl	III Summary	,						J			
16											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g) or	IE columns i	(a) and (h)				
	Depreciation (if no e										
17	Total depreciation cl	• •		·	107						
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the differen	ce here and	on Form 10	0 or				
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or							. 18			
Part	IV Amortization		·								
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)		
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	R&TC section	Period o percentag		Amortization		
	or property	(IIIII/dd/yyyy	Officer bas		er years	(see instr)	percentag		for this year		
									_		
20	Total. Add the amou	ınts in column (a)						20			
21	Total amortization cl	107						21			
	Amortization adjustr		•	,				-			
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or				
	Form 100W, Side 2,							22			

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

3885

2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property (b) Cost (bisiness use orb) (c) Excetd cost 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of line 9 and line 10, but do not enter more than line 11. 12 IRC Section 179 expense deduction. Add line 9 and line 10, less line 12. 13 Carryover of disallowed deduction to 2019, Add line 9 and line 10, less line 12. 14 (a) 15 Description of disallowed deduction to 2019, Add line 9 and line 10, less line 12. 15 IRC Section 179 expense deduction to 2019, Add line 9 and line 10, less line 12. 16 (b) Expense deduction to 2019, Add line 9 and line 10, less line 12. 17 IRC Section 179 expense deduction to 2019, Add line 9 and line 10, less line 12. 18 IRC Section 179 expense deduction to 2019, Add line 9 and line 10, less line 12. 19 IRC Section 179 expense deduction to 2019, Add line 9 and line 10, less line 10, less line 12. 19 IRC Section 179 expense deduction to 2019, Add line 9 and line 10, less line 10, less line 11. 20 Pass property (mind/dutyyy) orthogen and Electron of Additional First Year Despreciation (mind/dutyyy) orthogen and Electron of Additional First Year Despreciation and Electron of Additional First Year Despreciation and Electron of Cost or allowable in early and the property (mind/dutyyy) orthogen and the Additional First Year Section 25.		ch to Form 100 or For	m 100W. FORI	M 199								
Part Election To Expense Certain Property Under IRC Section 179 Maximum deduction under IRC Section 179 property placed in service. 2 2 3 1 1 1 2 2 3 3 5 20 2 3 3 5 20 3 1 2 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 5 20 3 3 3 5 20 3 3 3 5 20 3 3 3 5 20 3 3 3 3 3 3 3 3 3	Corpor	ration name						Californ	iia corporat	ion number		
1	WHI											
2 Total cost of IRC Section 179 property placed in service. 3 \$200 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property (b) Cost (b) Subtract line 4 from line 1. If zero or less, enter -0. 7 Listed property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction. Enter the smaller of line 8. 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5. 11	Part	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179							
3 Treshold cost of IRC Section 179 groperty before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5	1	Maximum deduction	under IRC Section	179 for California.					1	\$25 , 000		
4 Reduction in limitation. Subtract line 3 from line 2. // zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Discription of property (b) Cost (business use only) (c) Elected cost 7 Listed property (elected iRC Section 179 cost). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. 9 Total elected cost of IRC Section 179 property. 10 Listed property of disallowed deduction to 2019. Add line 9 and line 10, lost to one letter more than line 11. 11 Listed property of disallowed deduction to 2019. Add line 9 and line 10, lost to one letter more than line 11. 12 IRC Section 179 expense deduction. Add line 9 and line 10, lost to one letter more than line 11. 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, lost time 12. 14 (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (e) (d) (e) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	2	Total cost of IRC Sec	ction 179 property	placed in service					2			
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 6 (a) Description of property (c) Elected cost (b) Cost (husiness use only) (c) Elected cost (c) Elected cost of RC Section 179 cost). 7 Listed property (elected IRC Section 179 post). 8 Total elected cost of IRC Section 179 post). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property of disallowed deduction from 120 ps. Add line 9 and line 10, less line 12. 10 List of the section 179 expense deduction to 2019. Add line 9 and line 10, less line 12. 11 Description of property (c) Date acquired (c) Date acquired (c) Date acquired (c) Date acquired (c) Cost or allowed or allowed or allowable in earlier years. 15 LIAND CABINET 6/01/2016 2, 320. 580. S/L 10 Operciation for this year depreciation of property (c) Date acquired (c) Date acquir	3	Threshold cost of IR	C Section 179 prop	perty before reducti	ion in limitation					\$200,000		
(a) Description of property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 property. Add amounts in column (o), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (o), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (o), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (o), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (o), line 6 and line 7. 8 Total elected cost of IRC Section 179 property (elected IRC Section 179 property of line 8. 9 Total Electron 179 expense deduction to 2019 Add line 9 and line 10, but do not enter more than line 11. 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 IRC Section 179 expense deduction to 2019 Add line 9 and line 10, but do not enter more than line 11. 13 Important Interpretation of Additional First Year Depreciation Deduction Under R&TC Section 24356 14 (a) (b) (c) (c) (c) (d) (d) (d) (e) (f) (d) (d) (e) (f) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	4							_				
7 Listed property (elected IRC Section 179 cost).		Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less	, enter -0			5			
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9	6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electe	d cost				
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9												
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9												
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9												
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9												
9 Tentative deduction. Enter the smaller of line 5 or line 8	7	Listed property (elec	ted IRC Section 17	79 cost)		7						
10 Carryover of disallowed deduction from prior taxable years. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	8								8			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	9	Tentative deduction.	Enter the smaller	of line 5 or line 8.					9			
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.		•		,				 -				
Part II Summary 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12					•	•		-				
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 14 (a) (b) (c) (c) (d) (e) (f) (g) (g) (h) Description of property of the basis of the basis allowable in earlier years ISLAND CABINET 6/01/2016 2, 320. 580. S/L 10 232. PLANNING FOR TR 6/01/2016 27, 704. 5, 327. S/L 13 2, 130. SIGNAGE 6/01/2016 4, 386. 1, 097. S/L 10 439. HI-TECH HOME 6/01/2016 61, 626. 3, 622. S/L 39 1, 580. TOWER INSTALLAT 6/01/2016 35, 120. 6, 754. S/L 13 2, 701. S 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). The total of column (g) or Additional first year depreciation under R&TC Section 24356, and the amounts on line 15, columns (g) and (h) or Poper Cation 179 expense, add the amount on line 12 and line 15, column (g). Total depreciation claimed for federal purposes from federal Form 4562, line 22. Part IV Amortization 19 (a) Description of property (midd/yyyy) on the basis of the properties of th		•				_			12			
14								250				
Description of property (mm/dd/yyyy) and column (allowed or allowed or allowe			1	•						4.5		
SISLAND CABINET 6/01/2016 2,320. 580. 5/L 10 232.	14	(a) Description	(b)			(e)		Deprecia) tion for	(h) Additional first		
SLAND CABINET 6/01/2016 2,320. 580. S/L 10 232.										year		
SLAND CABINET 6/01/2016 2,320. 580. S/L 10 232.										depreciation		
PLANNING FOR TR 6/01/2016 27,704. 5,327. S/L 13 2,130.	TOT	AND CARTHER	6/01/2016	2 220	-	C /T	10		222			
SIGNAGE												
HI-TECH HOME 6/01/2016 61,626. 3,622. S/L 39 1,580. TOWER INSTALLAT 6/01/2016 35,120. 6,754. S/L 13 2,701. 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). 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, column (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 18 Depreciation adjustment. If line 17 is greater 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.) 18 Part IV Amortization 19 (a) Description of property (mm/dd/yyyy) other basis and line 16, enter the difference here and on Form 100 or Form 100 or Form 100W, side 2, line 5. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization 19 (a) Description of property (mm/dd/yyyy) other basis and in earlier years (f) Period or percentage for this years) (f) Amortization (see instr) (see instr) 20 Total. Add the amounts in column (g) 20 21 21 21 22 21 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25				•	•				•			
TOWER INSTALLAT 6/01/2016 35,120. 6,754. S/L 13 2,701. 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). 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 claimed for federal purposes from federal Form 4562, line 22. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 18 Depreciation adjustment. If line 17 is greater 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.) 19 (a) Description of property Date acquired (mm/dd/yyyy) Oate acquired (mm/dd/yyyy) Oater basis Date acquired (mm/dd/yyyy) Oater basis Oater Date acquired (mm/dd/yyyy) Oater basis Oater Date Amortization (see instr) 20 Total. Add the amounts in column (g)				•				1				
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								1				
\$2,000. See instructions for line 14, column (h)							_	2	,701.			
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). 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 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.) 18 Part IV Amortization 19 (a) Description of property (mm/dd/yyyy) other basis allowed or allowable in earlier years (see instr) 20 Total. Add the amounts in column (g). 20 Total amortization claimed for federal purposes from federal Form 4562, line 44.	15											
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). 16 17 18 18 19 19 19 19 19 19	Part	t III Summary										
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)	16	Total: If the corporat	tion is electing:									
Depreciation (if no election is made), enter the amount from line 15, column (g)		Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	i line 15, column (356, add the amol	(g) or Ints on line i	15. columns	(a) and (h)	or			
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.) 18 Part IV Amortization 19 (a) (b) (c) (c) (d) (d) (e) (f) (g) (g) (g) (mm/dd/yyyy) (mm/dd/yyyy) (other basis allowed or allowable in earlier years in earlier years) 20 Total. Add the amounts in column (g). 20 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
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.) Part IV Amortization 19 (a) (b) (c) (Cost or of property) (mm/dd/yyyy) (17			
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.). Part IV Amortization 19 (a) (b) (c) (c) Amortization allowed or allowable in earlier years (see instr) Description of property (mm/dd/yyyy) other basis of the pasis of the pas	18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differe	nce here and	d on Form 10	0 or				
Part IV Amortization 19 (a) (b) (c) Cost or other basis allowed or allowable in earlier years are in earlier years. 20 Total. Add the amounts in column (g). 20 Total amortization claimed for federal purposes from federal Form 4562, line 44. 21 [9] (d) Amortization allowed or allowable in earlier years are in earlier years. 20 [9] (g) R&TC section (R&TC) Period or percentage for this years. 20 [20 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
19 (a) Description of property Date acquired (mm/dd/yyyy) and other basis Description of property Date acquired (mm/dd/yyyy) and other basis Description of property Date acquired (mm/dd/yyyy) and other basis Description of property Date acquired (mm/dd/yyyy) and other basis Description allowed or allowable in earlier years Description (see instr) and other basis Description of percentage Description of percentage Description of the pasis Description of percentage Description of the pasis Description of percentage Description of the pasis De			n Form 100 or Form	n 100W, no adjustr	ment is necessary	.)			18			
Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyyy) Other basis Date acquired (mm/dd/yyyyy) Other basis Amortization allowed or allowable in earlier years Period or percentage Amortization (see instr) Period or percentage Fact (section (see instr)) Period or percentage For this ye Total. Add the amounts in column (g) Total amortization claimed for federal purposes from federal Form 4562, line 44. 20 21	Part	t IV Amortization										
of property (mm/dd/yyyy) other basis allowed or allowable in earlier years section (see instr) percentage for this ye 20 Total. Add the amounts in column (g). 21 Total amortization claimed for federal purposes from federal Form 4562, line 44. 21	19											
in earlier years (see instr) Total. Add the amounts in column (g). Total amortization claimed for federal purposes from federal Form 4562, line 44. 20		Description of property								Amortization		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.		o. p. op o. ty	(11111111111111111111111111111111111111	0				porconica	.go	ioi tilis year		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.	20	Total, Add the amou	ınts in column (a)		I			<u> </u>	20			
			107					 -				
Amortization adjustment. It line 21 is greater than line 20, enter the difference here and on Form 100 or												
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 1.	line 6. If line 21 is g	less than line 20,	enter the differen	ce here and	on Form 100	or				
Form 100W, Side 2, line 12									22			

2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	M 199								_
Corpoi	ration name								Californ	nia corporati	on number
WHI	ITE ASH BROADCASTING INC. 0733515 rt Election To Expense Certain Property Under IRC Section 179										
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 17	79				•		
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						[2	
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	ion in lim	itation				[3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0					4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5	
6	(a)	Description of property		(b) Co	st (business ι	use only)	(c)	Elected	l cost		
7	Listed property (elec		•								
8	Total elected cost of	·							 -	8	
9	Tentative deduction.								-	9	
10	Carryover of disallow		'						-	10	
11	Business income lim				-				 -	11 12	
12 13	IRC Section 179 exp			-		_				12	
Parl	Carryover of disallow		ional First Year Dep					n 2/12	56		
						1		_			(b)
14	(a) Description	(b) Date acquired	(c) Cost or		(d) eciation	(e) Depreciation	1 (1 Life	e or	(g Deprecia	i) ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allov	ved or	method	ra		this y		year
					able in r years						depreciation
ACC	USTICAL/ARCH	6/01/2016	23,456.		1,378.	S/L		39		601.	
	F - CONSTRUC	6/01/2016	76,565.		2,764.	S/L		15	-	,107.	
	AND HEATING	6/01/2016	345,737.		6,435.	S/L		10		574.	
	ORING - CONS	6/01/2016	75,783.		7,069.	S/L		7		,822.	
	LDING CONSTR	6/01/2016	2,406,634.		1,438.	S/L		39		706.	
										.,,,,,,,	
13	Add the amounts in \$2,000. See instruction							15			
Parl	: III Summary	10110 101 11110 1 1, 00									l.
	Total: If the corporat	ion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15,	column (g)	or					
	Additional first year of Depreciation (if no e										
17	Total depreciation cl	,,			•	(3)					
	Depreciation adjustm	nent. If line 17 is q	reater than line 16,	, enter th	e differenc	e here and	l on Foi	rm 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on Forr	n 100	or		
	state adjustments or									18	
Parl			, ,		, , , ,					ı	<u> </u>
19	(a)	(b)	(c)		((d)	(e	2)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti		R&		Period		Amortization
	of property	(mm/dd/yyyy	other bas	515	allowed or in earlie		sect (see i		percenta	age	for this year
						<u> </u>					
20	Total. Add the amou	nts in column (a)	1				1	l l		20	
21	Total amortization cl	(0)								21	
	Amortization adjustn		•		,				F		
~~	Form 100W, Side 1,	line 6. If line 21 is g	less than line 20,	enter the	difference	here and	on Forr	n 100	or		
	Form 100W, Side 2,									22	

TAXABLE YEAR

2018 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	4 199								
Corpoi	ration name								Californ	ia corporation	on number
WHI	WHITE ASH BROADCASTING INC. 0733515										
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179							
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						[2	
3										3	\$200,000
4										4	
5	Dollar limitation for t	axable year. Subtr	act line 4 from line	1. If zero or le	ess, e	nter -0				5	
6	(a)	Description of property		(b) Cost (busi	iness us	se only)	(c) l	Elected	cost		
7	Listed property (elec		•								
8	Total elected cost of									8	
9	Tentative deduction.								-	9	
10	Carryover of disallov									10	
11	Business income lim								<u> </u>	11 12	
12 13	IRC Section 179 exp			•						12	
Parl	Carryover of disallow		ional First Year Dep					n 2/12	56		
	•			I	CHOIL			- 1			(6)
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciatio	n	(e) Depreciation	(f) Life		(g) Deprecia) tion for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	r	method	rate		this y		year
				allowable in earlier year							depreciation
PHO	NE SYSTEM	6/01/2016	21,311.	-	+	S/L		6	3	,553.	
PHONE SYSTEM 6/01/2016 21,311. 8,881. S/L 6 3,553. INSTAL. OF STAT 6/01/2016 2,811. 540. S/L 13 216.											
	ISTRUCTION AD	6/01/2016	160,929.	9,4		S/L		39	4	,126.	
	CHITECT FEES	6/01/2016	159,891.	9,3		S/L		39		,100.	
	CTRICAL HOOK	6/01/2016	22,330.	1,3		S/L		39	<u>-</u>	573.	
										<u> </u>	
13	Add the amounts in \$2,000. See instruct	column (g) and colions for line 14. co	lumn (n). The total lumn (h)	or column (n)	may i	not exceed		15			
Parl	III Summary	,						1			
16		ion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, colum	ın (g)	or	E 001.1m	ana (a) and (h)	0.11	
	Depreciation (if no e										
17	Total depreciation cl	•				,					
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the diffe	erence	e here and	on Forr	n 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or									18	
Parl	IV Amortization		·		-						
19	(a)	(b)	(c)		(d)	(e)		(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			mortiz	zation allowable	R&T		Period of percenta		Amortization
	or property	(IIIII/dd/yyyy	Officer bas			r years	(see in		регсепта	ye	for this year
						-					
											_
20	Total. Add the amou	nts in column (a)								20	
21	Total amortization cl	(0)							-	21	
	Amortization adjustn		•	•	•						
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differ	rence	here and o	n Form	100	or		
	Form 100W, Side 2,	line 12								22	

2018 Corporation Depreciation and Amortization

3885

Λ ± ± = .	-h to Forms 100 or For	100\\\	- 100							
	ch to Form 100 or For	m 100W. FOR	<u>4 199</u>				California	aarmarati.	na numbar	
Corpo	ration name						California	corporatio	on number	
WH	WHITE ASH BROADCASTING INC. 0733515									
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000	
2	Total cost of IRC Sec	2								
3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4		
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	e 1. If zero or less, e	enter -0			5		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)		7					
8	Total elected cost of		•			ne 7		В		
9	Tentative deduction.							9		
10	Carryover of disallow							0		
11	Business income lim							1		
12	IRC Section 179 exp			•	-			2		
13	Carryover of disallow									
Par	,			reciation Deduction			356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)	
•	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciation	on for	Additional first	
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea	ar	year	
				allowable in earlier years					depreciation	
T.AN	NDSCAPING	6/01/2016	7,573.	1,053.	S/L	18		421.		
	ECTRICAL - CO	239,783.	S/L	5	95,913.					
	ANSMITTER AND	6/01/2016 5/03/2016	8,966.	S/L	5	-	710.			
	NOR SIGNAGE	9/30/2016	18,552. 7,149.	1,891.	S/L	10		715.		
	PROVEMENTS 20	3/31/2017	•	•		10		808.		
		•	8,080.	1,212.	S/L			000.		
15	Add the amounts in \$2,000. See instruct									
Par			(,				<u> </u>			
16	Total: If the corporat	tion is electina:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or or					
	Additional first year Depreciation (if no e									
17	Total depreciation cl	•		·	,			_		
	Depreciation adjustn							17		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	here and o	n Form 100	or			
	Form 100W, Side 2,							10		
D	state adjustments or	n Form 100 or Forn	n 100w, no adjustn	nent is necessary.).				18		
Par		4.5	(-)		-N	(-)		1	(-)	
19	(a) Description	(b) Date acquire	d (c) Cost o		d) ization	(e) R&TC	(f) Period or		(g) Amortization	
	of property	(mm/dd/yyyy				section	percentage		for this year	
				in earlie	er years	(see instr)				
20	Total. Add the amou	ints in column (a)					2	0		
21	Total amortization cl	(0)						_		
			•							
~~	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is g	less than line 20,	enter the difference	here and o	n Form 100	or			
	Form 100W, Side 2,	line 12	<u> </u>	<u></u>	<u></u>	<u></u>	2	2		
				-						

2018 Corporation Depreciation and Amortization

3885

	th to Form 100 or For	m 100W. FOR	4 199								
Corpoi	ration name						California	corporation	on number		
WHI	WHITE ASH BROADCASTING INC. 0733515										
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179			-				
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000		
2	Total cost of IRC Se	ction 179 property	placed in service					2			
3	Threshold cost of IR		3	\$200,000							
4											
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5			
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost				
7	Listed property (elec		•								
8	Total elected cost of							8			
9	Tentative deduction.							9			
10	Carryover of disallov						· · · · · · · ·	0			
11	Business income lim			•			<u> </u>	1 2			
12 13	IRC Section 179 exp			·	_			_			
Part	Carryover of disallov		ional First Year Dep				256				
	•	1							(h)		
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	on for	(h) Additional first		
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year		
				allowable in earlier years					depreciation		
OFF	ICE FURNITUR	3/31/2017	3,518.	754.	S/L	7		503.			
	OIO EQUIPMENT	3/31/2017	4,515.	1,355.	S/L	5		903.			
	JLPTURE	10/31/2017	19,000.	3,483.	S/L	5	3	800.			
	RIAM WALL	12/19/2018	11,637.	3,403.	S/L	39	224.				
	FERENCE ROOM		7,959.		S/L	5		194.			
					•			194.			
15	Add the amounts in \$2,000. See instruct										
Parl	III Summary	,							_		
16	Total: If the corporat										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g) or ets on line 1	I columne	(a) and (b) c				
	Depreciation (if no e										
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			. 17			
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	enter the different	ce here and	on Form 10	0 or				
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or							. 18			
Parl	IV Amortization										
19	(a)	(b)	(c)		d)	(e)	(f)		(g)		
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	R&TC section	Period or percentag		Amortization		
	or property	(IIIII/dd/yyyy	Other bas		er years	(see instr)	percentag		for this year		
20	Total. Add the amou	ints in column (a)					2	20			
21	Total amortization cl	107						1			
	Amortization adjustn		•	•							
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or				
	Form 100W, Side 2,	line 12					2	2			

TAXABLE YEAR

CALIFORNIA FORM

2018 Corporation Depreciation and Amortization

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. 16 1	C 1. J	

	ch to Form 100 or For	m 100W. FORI	м 199							
Corpoi	Corporation name California corporation number									
WHI	WHITE ASH BROADCASTING INC. 0733515									
Parl	Part Election To Expense Certain Property Under IRC Section 179									
1	Maximum deduction								1	\$25 , 000
2										
3	1									
4									5	
<u>5</u> 6	Zonar minutation for tandation years of task and time in the zone of today and the zone of task and time in the zone of today and th									
	(a) posseriation of property (b) cost (business use only) (c) broated cost									
7	Listed property (elec	ted IRC Section 17	79 cost)			7				
8	Total elected cost of		•				ne 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov	ved deduction from	prior taxable year	S					10	
11	Business income lim	nitation. Enter the s	smaller of business	income	(not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but c	lo not enter	more than	line 11		12	
13	Carryover of disallov									
Par	•	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&TO	Section 243	56		
14	(a) Description	(b) Date acquired	(c) Cost or	Don	(d) reciation	(e) Depreciation	(f) Life or	Deprecia	g) ation f	or Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	this		year
		, , , , , , , , , , , , , , , , , , , ,			vable in er years					depreciation
27-	-IN IMAC	9/30/2019	2,628.	Carri	ei yeais	S/L	5			
	IN IPAC	3/30/2013	2,020.			5/1				
15	Add the amounts in	column (a) and co	lump (h) The total	of colu	nn (h) may	not ovecod				
13	\$2,000. See instruct	ions for line 14, co	lumn (h)		illay		15			
Parl	t III Summary									•
16										
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	line 15, 856. add	column (g)) or ts on line 1	5 columns (a) and (h) or	
	Depreciation (if no e									6
	Total depreciation cl		'						1	7
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he difference	e here and	on Form 100	or or		
	Form 100W, Side 1,									
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	nent is r	necessary.).				1	8
Parl		1	1						1	
19	(a) Description	(b) Date acquire	d (c)	r	Amorti	d) ization	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	section	percent		for this year
					in earlie	er years	(see instr)			-
20	Total Add the array	unto in column (a)					<u> </u>		20	
20 21	Total. Add the amou	107							21	
21	Total amortization cl		'		*				41	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	less than line 20	, enter t enter th	ne ainterence e difference	e nere and here and c	on Form 100 on Form 100	or or		
	Form 100W, Side 2,								22	

2018	CALIFORNIA STATEMENTS	PAGE 1
CLIENT WHITEASH	WHITE ASH BROADCASTING INC.	94-2297746
OTHER INVESTMENT INCOME	rs. \$ Total \$	152,970. 29,679. 4,989. 187,638.
STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES		
CONTRACTUAL SERVICES. DATA PROCESSING. DUES AND SUBSCRIPTIONS. INSURANCE. JAMES IRVINE FLEX GRANT. LOSS ON UNCOLLECTIBLE PLEMISCELLANEOUS. OFFICE EXPENSES. OTHER EMPLOYEE BENEFIT. OTHER FEES. RENTAL EXPENSES. REPAIRS & MAINTENANCE. SPECIAL EVENT EXPENSES. TAXES AND LICENSES. TELEPHONE. TOWER RENTAL.	TOTAL §	12,229. 32,052. 39,417. 5,509. 28,345. 21,076. 5,598. 7,929. 40,931. 68,055. 61,647. 2,739. 43,540. 65,483. 371,186. 13,365. 13,200. 21,652. 853,953.
STATEMENT 3 FORM 199, SCHEDULE L, LINE OTHER ASSETS		42 640
STATEMENT 4 FORM 199, SCHEDULE L, LINE	TOTAL \$	43,648. 43,648.
OTHER LIABILITIES DEFERRED REVENUE	TOTAL <u>\$</u>	9,600. 9,600.

2018	CALIFORNIA STATEMENTS	PAGE 2
CLIENT WHITEASH	WHITE ASH BROADCASTING INC.	94-2297746
3/06/20 STATEMENT 5 FORM 199, SCHEDULE M INCOME RECORDED ON	-1, LINE 7 BOOKS NOT ON RETURN	12:47PM
UNREALIZED GAIN	TOTA	3,508. AL \$ -3,508.

TAXABLE YEAR 2018 California Exempt Organization Business Income Tax Return

	FORM
	109

		or fiscal year beginning (mm/dd/yyyy) $\underline{10/01/2018}$, a	and ending (mm/dd/yyyy) <u>9/3</u> ()/201	
Corporation/Organ						ia corporation number
WHITE AS Additional informa		ROADCASTING INC. ee instructions.			0733	3515
					94-2	2297746
Street address (su					PMB no).
		AL AVENUE as a foreign address, see instructions.)	State	ZIP code		
CLOVIS			CA	93611		
Foreign country n	ame	Foreign province/state/county	011	Foreign postal code		-
B Is this an meaning C Is the org or has the D Final Retu ● □ Diss Enter dat E Amended F Accounting I	eductof R& anizate IRS urn? solve (mr. Retu	de ation IRA within the ATC Section 23712?	this organization (EZ), Los A cal Agency Mil rgeted Tax Are hancement Are this organization by Bonnes and Busine this a Hospital "Yes," attach feat		orise ARZ), MBRA), -sharing, 401(a)?	•
	_	Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5.	See instructio	ns •	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated busin California and Schedule R was not completed, enter the amount of the complete	,	,	3	7,781.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 3	20	•	4	
Tax	5	Unrelated business taxable income from line 3 or line 4			5	7,781.
Compu- tation	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6	•	
tation	7	Net Operating Loss deduction. See General Information $N.\dots$		•	7	
	8	Add line 6 and line 7		•	8	
	9	Net unrelated business taxable income. Subtract line 8 from I			9	7,781.
	10	Tax 8.84 % x line 9. See General Information J.			10	688.
	11	Tax credits from Schedule B. See instructions.			11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater that			12	688.
		Alternative minimum tax. See General Information 0			13	
Payments	14	Total tax. Add line 12 and line 13		· · · · · · · · · · · · · · · · · · ·	14	688.
1 dyllichts	15 16	Overpayment from a prior year allowed as a credit		650.	_	
	17	Withholding (Form 592-B and/or 593.) See instructions		030.		
	18	Amount paid with extension (form FTB 3539)	• 18	50.		
	19	Total payments and credits. Add line 15 through line 18	<u> </u>		19	700.
	20	Use tax. See instructions.			20	
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract lin			21	700.
Tax Due/	22	Use tax balance . If line 20 is more than line 19, subtract line 1			22	700.
Overpay- ment	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See inst			23	
		•			-	10
	24	Overpayment. Subtract line 14 from line 21. See instructions.			24	12.
	25	Enter amount of line 24 to be applied to 2019 estimated tax			25	12.

3641184 059 CAEA9812L 12/13/18 Form 109 2018 **Side 1**

	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		
Refund Amoun		26 c		
Due	27 Penalties and interest. See General Information M	•	27	
	28 ● Check if estimate penalty computed using Exception B or C and attach form FTB 580	06.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	\odot	29	
Unrela	ted Business Taxable Income			
Part I	Unrelated Trade or Business Income			
	ss receipts or gross sales b Less returns and allowances c Balance	•	1c	
	st of goods sold and/or operations (Schedule A, line 7)		2	
	oss profit. Subtract line 2 from line 1c		3	
	pital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)		4a	
	t gain (loss) from Part II, Schedule D-1		4b	
	pital loss deduction for trusts		4c	
	ome (or loss) from partnerships, limited liability companies, or S corporations. See specific line			
	tructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	•	5	
6 Re	ntal income (Schedule C)	•	6	
	related debt-financed income (Schedule D)		7	
8 Inv	estment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	•	8	
	erest, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	
	ploited exempt activity income (Schedule G)		10	
	vertising income (Schedule H, Part III, Column A)		11	
	ner income. Attach schedule		12	11,520.
	tal unrelated trade or business income. Add line 3 through line 12		13	11,520.
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated b			
	mpensation of officers, directors, and trustees from Schedule I.		14	
	laries and wages		15	
	pairs		16	
	d debts.		17	
	erest. Attach schedule.		18	
	xes. Attach schedule		19	
	ntributions. See instructions and attach schedule.		20	
	reciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)			
	ss: depreciation claimed on Schedule A. See instructions		21	
	pletion. Attach schedule	•	22	
	ntributions to deferred compensation plans		23a	
	aployee benefit programs. See instructions.		23b	
	ner deductions. Attach schedule SEE STATEMENT 2		24	2,739.
	tal deductions. Add line 14 through line 24.		25	2,739.
	elated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.		26	8,781.
	cess advertising costs (Schedule H, Part III, Column B).		27	0,701.
	related business taxable income before specific deduction. Subtract line 27 from line 26		28	8,781.
	ecific deduction. See instructions.		29	1,000.
	related business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	7,781.
30 On	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information			
Sign	1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the base of the statements of the statements of the statements.	est of r	ny knowle:	dge and helief it is true
Here	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	_	-	
	Signature of Date	•	Telephone	
	officer PRESIDENT			862-2480
D-:-I	Preparer's Check if self-	╗╏╸	PTIN	0.010
Paid Pre-	signature FAUSTO HINOJOSA, CPA, CFE Firm's name (or yours, if self-employed) and address	_	FEIN	96912
parer's				202007
Use	PRICE, PAIGE & COMPANY		Telephone	203007
Only	570 N MAGNOLIA AVE STE 100	*		
	CLOVIS, CA 93611		(559)	
	May the FTB discuss this return with the preparer shown above? See instructions	•	X Yes	S No

Side 2 Form 109 2018 059 3642184 CAEA9812L 12/13/18

WHITE ASH BROADCASTING INC.

Schedule A Cost of Goods Sold and/or Operations.

Meth	od of inventory valuation (specify)			
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor			3
4 8	a Additional IRC Section 263A costs. Attach schedule			4a
ı	b Other costs. Attach schedule			4b
5	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 from	m line 5. Enter here and	on Side 2, Part I, line 2	
	Do the rules of IRC Section 263A (with respect to property pro	oduced or acquired for res	ale) apply to this organization?	Yes X No
Scł	nedule B Tax Credits.			
1	Enter credit name code ●	•	1	
2		•	2	
3	Enter credit name code ● _	•	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the on line 4. Enter here and on Side 1, line 11.	<u> </u>		4
Sch	nedule K Add-On Taxes or Recapture of Tax. See inst			
1	Interest computation under the look-back method for completed long-term			1
2	Interest on tax attributable to installment: a Sales of cert			2a
			ligations	2b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on			3
4	Credit recapture. Credit name		· •	4
	Total. Combine the amounts on line 1 through line 4. See			5
	nedule R Apportionment Formula Worksheet. Use only			
rari	A. Standard Method — Single-Sales Factor Formula. Con	npiete triis part only il tri	T T T T T T T T T T T T T T T T T T T	e-sales factor formula.
		(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
	T. 10.1			
1	Total Sales	•	•	
	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on	•	•	
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.		12	•
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on	corporation uses the thr	ee-factor formula.	(c)
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.	corporation uses the thr	ee-factor formula. (b) Total within	(c) Percent within
2 Par	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	corporation uses the thre (a) Total within and outside California	ee-factor formula. (b) Total within California	(c)
Par	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	(c) Percent within
Par	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	(c) Percent within
Par	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	corporation uses the thr (a) Total within and outside California	ee-factor formula. (b) Total within California	(c) Percent within
2 Par 1 2 3 4	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	corporation uses the thr	ee-factor formula. (b) Total within California	(c) Percent within
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. t B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	corporation uses the thre (a) Total within and outside California • • • and Property Leased within and outside California	ee-factor formula. (b) Total within California • • • • h Real Property	(c) Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. t B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	corporation uses the thre (a) Total within and outside California • • • and Property Leased within and outside California	ee-factor formula. (b) Total within California • • • h Real Property tion 23701n organizations. See instr	(c) Percent within California [(b) ÷ (a)] x 100 • • • • uctions for exceptions.
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. The dule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • • • and Property Leased within and outside California	ee-factor formula. (b) Total within California • • • • h Real Property tion 23701n organizations. See instr	(c) Percent within California [(b) ÷ (a)] x 100 • • • • uctions for exceptions. 3 Percentage of rent attribut-
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • • • and Property Leased within and outside California	ee-factor formula. (b) Total within California • • • h Real Property tion 23701n organizations. See instr	(c) Percent within California [(b) ÷ (a)] x 100 • • • • • uctions for exceptions.
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • • • and Property Leased within and outside California	ee-factor formula. (b) Total within California • • • • h Real Property tion 23701n organizations. See instr	(c) Percent within California [(b) ÷ (a)] x 100 • • • uctions for exceptions. 3 Percentage of rent attributable to personal property
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • • • and Property Leased within and outside California	ee-factor formula. (b) Total within California • • • • h Real Property tion 23701n organizations. See instr	(c) Percent within California [(b) ÷ (a)] x 100 • uctions for exceptions. 3 Percentage of rent attributable to personal property %
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thr (a) Total within and outside California outside Property Leased with 13701g, Section 23701i, and Sec	ee-factor formula. (b) Total within California • • • • h Real Property tion 23701n organizations. See instr	ructions for exceptions. 3 Percentage of rent attributable to personal property % %
2 Part 1 2 3 4 5 5 Sch For re 1 (a)	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Medule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	corporation uses the thr (a) Total within and outside California outside Property Leased with 13701g, Section 23701i, and Sec	ee-factor formula. (b) Total within California	ructions for exceptions. 3 Percentage of rent attributable to personal property % % (c) Net income includible,
2 Part 1 2 3 4 5 5 Sch For re 1 (a)	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	corporation uses the thre (a) Total within and outside California and Property Leased with the color of th	ee-factor formula. (b) Total within California • • • • • • • h Real Property tion 23701n organizations. See instr 2 Rent received or accrued umn 3 is more than 10%, but not m	ructions for exceptions. 3 Percentage of rent attributable to personal property % % (c) Net income includible,
2 Part 1 2 3 4 5 5 Sch For re 1 (a)	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	corporation uses the thre (a) Total within and outside California and Property Leased with the color of th	ee-factor formula. (b) Total within California • • • • • • • h Real Property tion 23701n organizations. See instr 2 Rent received or accrued umn 3 is more than 10%, but not m	ructions for exceptions. 3 Percentage of rent attributable to personal property % % (c) Net income includible,
2 Part 1 2 3 4 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. It B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	corporation uses the thre (a) Total within and outside California and Property Leased with 13701g, Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	h Real Property tion 23701n organizations. See instr Real Property tion 23701n organizations are instructed or accrued	ructions for exceptions. 3 Percentage of rent attributable to personal property % % (c) Net income includible,

059 3643184 CAVA9834L 12/13/18 Form 109 2018 **Side 3**

Schedule D Unrelated Debt-Financed Income

Scriedule D Unrelated	Debt-Financed inc	ome								
1 Description of debt-financed pro	perty			2 Gross income from or allocable to debt-	3 Deductions di debt-financed	Deductions directly connected with or allocable to debt-financed property				
				financed property	(a) Straight-line (attach sched	depreciation ((b) Other deductions attach schedule)			
								-		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted of or allocable to financed property (attach schedule)	basis debt-	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 column 6	x Allocable ded total of column and 3(b) x co	nns 3(a)	9 Net income (or loss includible, column 7 less column 8			
			્રે							
			90							
			%							
Total. Enter here and on Si	de 2, Part I, line 7.									
Schedule E Investment	Income of an R&T	C Sect	ion 23701g, Section 237	01i, or Section 23701	n Organization					
1 Description	2 Amount		Deductions directly connected (attach schedule)	4 Net investment incom column 2 less column		ittach	6 Balance of investincome, column 5			
	<u> </u>									
Total. Enter here and on Si										
Enter gross income from m	•	-	<u> </u>	•						
Schedule F Interest, A	nnuities, Royalties	s and	Rents from Controlled							
			Exempt Controlled Or	ganizations						
1 Name of controlled organizations 2 Employer Identification Number		umber	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of colum that is include the controlling organization's gross income	ed in g s	6 Deductions directly connected with income in column (5)			
1							-			
2										
3										
Nonexempt Controlled Orga	anizations									
7 Taxable Income	311124110115		8 Net unrelated	9 Total of specified	10 Part of colum	ın (9)	11 Doductions direc	+lv /		
Taxable income			income (loss)	payments made	that is include the controllin organization's gross income	ed in g s	11 Deductions directly connected with income in column (10)			
1										
2										
3										
)									
5 Add columns 6 and 11					•					
			Side 2, Part 1, line 9							
Schedule G Exploited										
	2 Gross unrelated business income from uni	penses on nected aduction related siness in	directly with of from unrelated trade or business,		6 Expenses attributable to column 5	Excess exen expense, col 6 less colum but not more column 4	lumn includible, in 5 4 less coli	, column umn 7		
										
Total. Enter here and on Si	de 2. Part I line 10)		<u> </u>						

Side 4 Form 109 2018 059 3644184 CAVA9834L 12/13/18

Schedule H Advertising Income and Excess Advertising Costs

Par	t I Income	from Perio	dicals Re	ported on a C	onsolic	lated Basis							
1 M	lame of veriodical	2 Gross advincome	ertising	3 Direct adver	tising	4 Advertising inco excess advertisi costs. If column greater than col complete colum 6, and 7. If colu is greater than column 2, enter the excepart III, column Do not complete columns 5, 6, and	ng 2 is umn 3, ns 5, mn 3 column ess in B(b).	5 Circulation in	come	6 Readersh	ip costs	t t t c c c c c c c c c c c c c c c c c	column 5 is greater nan column 6, enter ne income shown in olumn 4, in Part III, olumn A(b). If olumn 6 is greater nan column 5, ubtract the sum of olumn 6 and column from the sum of olumn 5 and column 5. Enter amount in art III, column A(b). the amount is less nan zero, enter -0
												-	
	ls												
Par	t II Income	from Perio	dicals Re	ported on a S	eparate	Basis							
Par	t III Columr	ι Δ — Net Δ	dvertising	Income		ı	Parl	III Column E	R – Fx	ess Adverti	sina Cos	ts	
ı uı	(a) Enter "cor		odical" and/o		Part I, o amoun	r total amount from column 4 or 7, and t listed in Part II, lumns 4 or 7) Enter "consolida	ted perio			(b) from	Enter total amount Part I, column 4, and ints listed in Part II, column 4
Enter	total here and o	n Side 2. Part I	I. line 11				Enter	total here and on	Side 2. P	art II. line 27			
				ficers, Directo	rs. and	Trustees	ı			,			
1	•		2 SSN	or ITIN 3 Ti		•		devoted to business		5 Compensation attributable to unrelated business		6 Expense account allowances	
									%				
									%				
									용				
									용				
									용				
Tota	I Enter here	and on Sid	Δ 2 Part	II line 1/I			J						
			n (Corpo			ions only. Trust							
1	Group and guid description of	deline class or property		2 Date acquir (dd/mm/yy		Cost or other basis	4	Depreciation allowed or allowable in prior years	C	Method of omputing epreciation	6 Life rate		7 Depreciation for this year
1	Total addition	onal first-ye	ar deprec	iation (do not	include	in items below)						
	Other depre												
	Buildings												
	Furniture ar												
	Transportat												
	Παπερυπαι	ion equipme	=111										
	Machinery a other equip	ment											
	Other (spec	ify)											
3	Other depre	eciation											
4	Total												
5	Amount of	depreciation	claimed	elsewhere on	return.								
6						on Side 2, Part I							

CAVA9805L 12/13/18 059 3645184 Form 109 2018 **Side 5**

2018	CALIFORNIA STATEMENTS	PAGE 1
CLIENT WHITEASH	WHITE ASH BROADCASTING INC.	94-2297746
3/06/20		12:47PM
STATEMENT 1 FORM 109, PART I, LINE 12 OTHER INCOME		
RENTAL INCOME FROM PERSONA	AL PROPERTY \$ TOTAL \$	11,520. 11,520.
STATEMENT 2 FORM 109, PART II, LINE 24 OTHER EXPENSES		
RENTAL EXPENSES	TOTAL \$	2,739. 2,739.

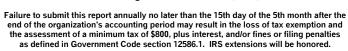
ΙN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312





State Charity Registration Number	17599			Check if: Change of address					
			Amended report						
WHITE ASH BROADCASTING Name of Organization	INC.								
2589 ALLUVIAL AVENUE Address (Number and Street)		Corporate or	Organization No.	0733515					
CLOVIS, CA 93611			Federal Emplo	yer I.D. No. <u>94-2</u>	2297746				
City or Town, State and ZIP Code ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)									
Make Check Payable to Attorney General's Registry of Charitable Trusts									
Gross Annual Revenue	<u>Fee</u>	Gross Annual I	Revenue	<u>Fee</u>	Gross Annual Re	venue		<u>Fee</u>	
Less than \$25,000	0		001 and \$250,000		Between \$1,000,0			\$150	
Between \$25,000 and \$100,000	\$25	Between \$250,0	001 and \$1 millio	on \$75	Between \$10,000 Greater than \$50			\$225 \$300	
PART A – ACTIVITIES					Greater than \$50	minon		\$ 300	
For your most recent full acco	ounting pori	od (hoginning	10/01/18	ending	9/30/19) list:			
_		2,314,501.	Total assets		5,771,791.	_) iist.			
				-		DODT			
PART B – STATEMENTS RI									
Note: If you answer "yes" to an "yes" response. Please re					providing an expla	nation and detail	s for e	each	
1 During this reporting period, w	vere there ar	nv contracts. Ioai	ns. leases or oth	er financial tra	nsactions between	the	Yes	No	
organization and any officer, director or trustee had any fin	ector or truste	ee thereof either d	lirectly or with an	entity in which a	any such officer,	STATEMENT 1	X		
2 During this reporting period, wer property or funds?	re there any th	heft, embezzleme	nt, diversion or m	isuse of the org	anization's charitable			X	
3 During this reporting period, d	lid non-progr	ram expenditures	s exceed 50% of	gross revenue	?			X	
During this reporting period, wer Form 4720 with the Internal R	re any organiz evenue Serv	zation funds used vice, attach a cor	to pay any penalt	y, fine or judgm	ent? If you filed a			Х	
5 During this reporting period, w purposes used? If "yes," proviservice provider.	vere the serv ide an attach	vices of a comment nment listing the	ercial fundraiser on name, address,	or fundraising and telephone	counsel for charitab number of the	ole		X	
6 During this reporting period, did the name of the agency, maili						ing STATEMENT 2	X		
7 During this reporting period, did indicating the number of raffle				oses? If "yes," p		t STATEMENT 3	X		
B Does the organization conduct a the program is operated by th charitable purposes.				attachment indic ts with a comn	cating whether nercial fundraiser fo SEE	r STATEMENT 4	X		
Did your organization have proprinciples for this reporting per		udited financial s	statement in acco	ordance with go			X		
Organization's area code and telep		er 559-862-2	2480						
	MOORE@KV								
	-								
I declare under penalty of perjury and belief, the content is true, con			port, including a	ccompanying	gocuments, and to	tne best of my kr	owled	ige	
	.T∩F	MOORE		PRESIDENT	1				
Signature of authorized officer	Printed			Title	•	Date			

2018

CALIFORNIA STATEMENTS

PAGE 1

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

94-2297746

3/06/20

12:47PM

STATEMENT 1 FORM RRF-1, PART B, LINE 1 FINANCIAL TRANSACTIONS

DURING SEPTEMBER 2019, THE BOARD OF DIRECTORS APPROVED FOR THE ORGANIZATION TO ENTER INTO A FIVE-YEAR FIXED COST POWER PURCHASE AGREEMENT WITH ZUMWALT CONSTRUCTION, INC. FOR SOLAR ENERGY. ZUMWALT CONSTRUCTION, INC. IS OWNED PRIMARILY BY A CURRENT BOARD MEMBER, WHOM WAS NOT ALLOWED TO PARTICIPATE IN DISCUSSIONS OR DECISION-MAKING IN REGARDS TO THE MATTER DUE TO CONFLICT OF INTEREST. THE AGREEMENT CONTAINS A PURCHASE OPTION AT THE END OF THE TERM, WHICH MANAGEMENT INTENDS TO EXERCISE. THE ORGANIZATION RECEIVED ADDITIONAL PROPOSALS FOR THIS PROJECTS VIEW AND UPON REVIEW OF THESE, DETERMINED THAT ZUMWALT CONSTRUCTION, INC. PROVIDED THE GREATEST SAVINGS IN TOTAL PROJECT COSTS. THERE WERE NO AMOUNTS PAID TO, OR DUE TO, ZUMWALT CONSTRUCTION, INC. FOR THE YEAR ENDED SEPTEMBER 30, 2019.

STATEMENT 2 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

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

STATEMENT 3 FORM RRF-1, PART B, LINE 7 NUMBER AND DATES OF RAFFLES

RADIO RAFFLE 9/30/19 WINE RAFFLE 5/13/19

STATEMENT 4 FORM RRF-1, PART B, LINE 8 VEHICLE DONATION PROGRAM INFORMATION

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Α	For t	he 2018 calen	dar year, or tax	year begi	inning $10/0$	01	, 20 1	18, an	ıd endin	ng	9/30		,	2019	
В	Check	if applicable:	С								D	Employ	er identific	cation number	
	A	ddress change	WHITE ASH	BROAD	CASTING :	INC.						94-2	22977	46	
	H _N	ame change	2589 ALLU								E		ne number		
		itial return	CLOVIS, C									550-	-862-	2/80	
												333	002	2400	
	-	nal return/terminated										_		0 000	700
	-	mended return											eceipts \$	2,382	
	A	oplication pending		ress of princip	pal officer: JOE	E MOORE							n for subor		_
			SAME AS C	ABOVE						H(b) Ar	e all subo "No," attac	rdinates ch a list.	included? (see instr	uctions) Yes	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) () 	insert no.)	4947(a)(1)	or	527		,		•	,	
J	We	bsite: ► WW	W.KVPR.OR	Ĵ						H(c) Gr	oup exem	ption nu	mber ►		
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►		L Year	r of format	ion: 1	975	M s	tate of leg	al domicile: CZ	Ā
Pa	rt I	Summar	v												
	1	Briefly descri	be the organiza	ation's mis	sion or most	significant	activities:	SEE	SCHEI	DIII F	Λ				
	_		Briefly describe the organization's mission or most significant activities: SEF SCHE												
Governance															
na															
ě	2	Check this bo	ox ► lif the	organizati	ion discontinu	ued its oper	ations or di	spose	ed of mo	ore tha	n 25%	of its i	net asse	 ets.	
ဗ	3		oting members										3		13
જ	4		dependent votii										4		13
ies.	5	Total number	of individuals	employed	in calendar y	ear 2018 (F	Part V, line	2a)					5		21
Activities &	6	Total number	of volunteers	(estimate i	if necessary).								6		150
Ac	7a	Total unrelate	ed business rev	enue from	n Part VIII, co	lumn (C), li	ine 12						7a	8	781.
	b	Net unrelated	d business taxa	ble income	e from Form 9	990-T, line	38						7b	7	7,781.
		8 Contributions and grants (Part VIII, line 1h)									Prior	Year		Current Y	'ear
4.	8										2,3	15,2	08.	2,179	714.
ηe	9 Program service revenue (Part VIII, line 2g)								6,098.				,989.		
Revenue	10	Investment in	nt income (Part VIII, column (A), lines 3, 4, and 7d)												3,530.
æ	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								168,581.			96,268.	
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)												,501.
	13	Grants and s	imilar amounts	paid (Part	t IX, column ((A), lines 1-	3)				, -			, -	,
	14			milar amounts paid (Part IX, column (A), lines 1-3)to or for members (Part IX, column (A), line 4)											
	15	•	er compensatio	-	•						940,266.			992	2,139.
es	16.0		fundraising fee		•							10,2	00.	332	,,100.
Expenses	104														
Ř.	b		sing expenses (,639.						
ш	17	Other expens	ses (Part IX, co	lumn (A),	lines 11a-11d	d, 11f-24e).					1,1	14,4	33.	1,098	5,588.
	18	Total expens	es. Add lines 13	3-17 (mus	t equal Part I	X, column ((A), line 25))			2,0	54,6	99.	2,090	727.
	19	Revenue less	s expenses. Sul	otract line	18 from line	12					4	63,4	30.	223	3,774.
₽ 8 8 9										Begi	nning of	Curren	t Year	End of Y	ear
Net Assets Fund Balanc	20	Total assets	(Part X, line 16)							5,7	76,8	81.	5,771	,791.
Ass Ba	21	Total liabilitie	es (Part X, line	26)								08,6			3,258.
ĕĕ	22	Net assets or	fund balances	Subtract	line 21 from	line 20					1 3	68,2	67		3,533.
	rt II	Signatur									4,5	00,2	07.	4,500	,,,,,,,,,
				aminad this re	stura including so		hadulaa aad at		to and to	the best	of mary land		and haliaf	it is true sorre.	at and
com	plete. D	eclaration of prepa	eclare that I have exa arer (other than office	er) is based o	n all information of	of which prepar	er has any kno	wledge.		the best	OI IIIY KIIC	wieuge	and belier,	, it is true, correc	i, anu
c:		Signatu	ire of officer								Date				
Sig He	JII	TOE	MOODE							וחח	CTDD	NTITI			
116	16		MOORE print name and title							PRI	ESIDE	NI			
		71			Dranavaria aia	matura.		10	ata				I In	TINI	
		, ,	oreparer's name		Preparer's sig	•		ا	ate		Che		」 "	ΓIN	
Pa			HINOJOSA, CE	•		INOJOSA,	CPA, CFE				self-	employe	ed P	00196912	
Pre	epar	er Firm's name	PRICE,	PAIGE &	COMPANY										
Us	Jse Only Firm's address ► 570 N MAGNOLIA AVE STE 100								Firm	's EIN 🎙	<u>77−</u> 0	203007			
			CLOVIS,	CA 936	11		-				Pho	ne no.	(559)	299-9540	
May	y the	IRS discuss th	nis return with th			ve? (see in:	structions).							X Yes	No

Par	t III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this Part III			X
1	_	ly describe the organization's mission:			
	SEE_	SCHEDULE O			
	Did th	ne organization undertake any significant program services during the year which were not listed on the prior			
2			V	17	NI.
		990 or 990-EZ?	Yes	Χ	No
2			V	37	N.
3		he organization cease conducting, or make significant changes in how it conducts, any program services? es," describe these changes on Schedule O.	Yes	Χ	No
4			مينطلمه		
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measur ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	total ex	kpens	es,
4 a	(Code	e:) (Expenses \$ 852,745. including grants of \$) (Revenue \$)
		OGRAM & PRODUCTION: PURCHASE OF NATIONAL PUBLIC RADIO NEWS PROGRAMMING	AND C	THE	´ R
		DICATED PROGRAMMING, SALARIES FOR PROGRAM AND PRODUCTION STAFF, LOCALLY			
		GRAMS AND LOCAL PROGRAM ORIGINATION.			
4 b	UTI	e:) (Expenses \$717,742. including grants of \$) (Revenue \$) DADCASTING & TECHNICAL: ENGINEERING FEES, SALARIES FOR ON AIR ANNOUNCER: LITIES, MAINTENANCE OF BROADCASTING EQUIPMENT AND ANTENNAS, PRESENTATION ERECORDED CONCERTS AND CONTENT DISTRIBUTION INCLUDING SOCIAL MEDIA.			
4 c		e:)(Expenses \$186,420. including grants of \$)(Revenue \$) BLIC INFORMATION: PUBLICATIONS, PROMOTION ACTIVITIES, PUBLIC SERVICE AND MEDIA MATERIALS SPECIFIC TO CONTENT INCLUDING SOCIAL MEDIA.	<u>NOUNC</u>	EME) NTS
4 d		r program services (Describe in Schedule O.)			
	(Ехре	enses \$ including grants of \$) (Revenue \$)	
4 e	Total	program service expenses ► 1,756,907.			

Form 990 (2018) WHITE ASH BROADCASTING INC. 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)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
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	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? If 'Yes,' complete Schedule F. Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Х	
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2018) WHITE ASH BROADCASTING INC. 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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pai	TV 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
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2018) WHITE ASH BROADCASTING INC.

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

			Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 21		V	
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Х	
3 -	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Χ	
	• If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q.	3 b	X	
	a 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)?	4 a		Х
	olf 'Yes,' enter the name of the foreign country: ►	74		71
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Λ
	-	30		
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a	X	
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
C	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ć	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			v
•	organization have excess business holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds. Did the opposition argenization make any toyoble distributions under cestion 40663	0 -		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	Section 501(c)(7) organizations. Enter:	90		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			7.7
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
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.	16		Х

Form 990 (2018) WHITE ASH BROADCASTING INC. 94-2297746 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in 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?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

CLOVIS CA 93611 559-862-2480

CAITLIN JENSEN 2589 ALLUVIAL AVENUE

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	thar	n one b s both a	ox, u an off	unless		re on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEROME BEHRENS	4									
BOARD MEMBER	0	Χ			_			0.	0.	0.
(2) DIANE BUCKALEW VICE CHAIRMAN	<u> </u>	Х		Х				0.	0.	0.
BOARD MEMBER	4	Х						0.	0.	0.
(4) JOHN GILBERT BOARD MEMBER	4	Х						0.	0.	0.
(5) DR. JAY CENTER BOARD MEMBER	4	Х						0.	0.	0.
(6) DAVID PARKER	4									
CHAIRPERSON	0	Χ		X	_			0.	0.	0.
(7) MICHAEL GRANNIS BOARD MEMBER	4	Х						0.	0.	0
(8) CELESTE DEMONTE	0 4	Λ			-			0.	0.	0.
SECRETARY	0	Х		Х				0.	0.	0.
(9) MICHAEL SILVEIRA	4								0	•
BOARD MEMBER (10) BERNARD BARMANN	0	Х						0.	0.	0.
BOARD MEMBER	<u> 4</u> –	Х						0.	0.	0.
(11) PAUL CHEN	4									
TREASURER	0	Х		X	_			0.	0.	0.
60ARD MEMBER	$-\frac{4}{0}$	Х						0.	0.	0.
(13) DR. JUDITH KUIPERS BOARD MEMBER	4	Х						0.	0.	0.
(14) JOE MOORE PRESIDENT	<u> 40</u>			X				90,947.	0.	5,774.

Part VII Section A. Officers, Directors, Tru	ıstees, (B)	Key	Em	plo) ()	_	es,	and	d Highest Con	pensated Empl	oyees	(conti	nued)
(A) Name and title	Name and title hours per box, unless person is both an officer and a director/trustee)						h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr	(F) stimated int of oth pensation	her on
	for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	icer	Key employee	Highest compensated employee	mer			añ	anization d related anization	d
(15)												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							>	90,947.	0.		5,7	774.
c Total from continuation sheets to Part VII, Section 17							>	0.	0.			0.
d Total (add lines 1b and 1c)	to those I	isted	abo	ve) v	who	recei	ved	90,947. more than \$100,00		ensation		774.
from the organization • 0											V	
3 Did the organization list any former officer, direc	tor. or tru	ıstee.	kev	/ em	olar	vee.	or h	nighest compensa	ted emplovee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportaber than \$1	1e co 50,00	mpe 00?	ensa If '\ 	ition ⁄ <i>es,</i>	and ' <i>con</i>	otn <i>iple</i>	te Schedule J for	rrom	4		X
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	n fr chea	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	5		Х
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated ind	epen	dent	t cor	ntra	ctors	tha	it received more t	han \$100,000 of			
		the c	alen	dar <u>:</u>	year	endi	ng v	vith or within the or		((<u>``</u>	
Name and business address						Description	of services	Compe	nsatio	n		
2 Total number of independent contractors (including be \$100,000 of compensation from the organization		ited to	o the	se I	isted	abo	ve)	who received more	than			

. u.		Check if Schedule O contains a respon	nse or note to any	/ line in this Part VI	II		
		·		(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	b c d e	Federated campaigns	10,220. 536,743.				
	_	Noncash contributions included in lines 1a-1f: \$	1,632,751. Business Code	2,179,714.			
e Revenu	2a b		15100	4,989.	4,989.		
Program Service Revenue	d e	All other program service revenue					
Prog		Total. Add lines 2a-2f		4,989.			
	3	Investment income (including dividends, other similar amounts)	ond proceeds►	33,530.	33,530.		
		Royalties	(ii) Personal 11,520.				
	С	Less: rental expenses Rental income or (loss) Net rental income or (loss)	2,739. 8,781.	8,781.		8,781.	
		Gross amount from sales of assets other than inventory	(ii) Other				
	С	Less: cost or other basis and sales expenses	•				
Other Revenue		Gross income from fundraising events (not including \$ 10,220. of contributions reported on line 1c).					
er Re	h	See Part IV, line 18	106,845.				
ğ		Net income or (loss) from fundraising ev	51,220. ents	55,625.			
		Gross income from gaming activities. See Part IV, line 19 a	46,125.				
		Less: direct expenses	14,263.	31,862.	31,862.		
		Gross sales of inventory, less returns and allowances		3=,33=3	32,332		
	С	Net income or (loss) from sales of invent	tory				
	11 a b						
		All other revenue	•				
		Total revenue. See instructions	L	2,314,501.	70,381.	8,781.	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 re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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 5	Benefits paid to or for members	90,947.	86,400.	4,547.	0.
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	767,028.	579,552.	99,636.	87,840.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	707,020.	373,332.	33,030.	07,040.
9	Other employee benefits	68,055.	52,572.	8,358.	7,125.
10	Payroll taxes	66,109.	51,565.	7,933.	6,611.
11	Fees for services (non-employees):				
i	a Management				
	b Legal				
(c Accounting				
	d Lobbying				
(e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
ć	3 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	61,647.	48,677.	11,810.	1,160.
12	Advertising and promotion	12,229.	11,618.		611.
13	Office expenses	40,931.	32,744.	2,047.	6,140.
14	Information technology				
15	Royalties				
16	Occupancy	63,188.	59,241.	1,974.	1,973.
17	Travel	21,652.	19,487.	1,083.	1,082.
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,819.	49,650.	1,584.	1,585.
21	Payments to affiliates Depreciation, depletion, and amortization	264 205	254 200	F 200	F 000
22 23	Insurance	264,905.	254,309. 25,498.	5,298.	5,298.
23 24	_	28,345.	25,498.	1,423.	1,424.
i	TAXES AND LICENSES	371,186.	370,212.	974.	
	REPAIRS & MAINTENANCE	43,540.	34,154.	9,386.	
	DATA PROCESSING	39,417.	0 - / + 0 1 •	9,854.	29,563.
	d CONTRACTUAL SERVICES	32,052.	30,449.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,603.
	e All other expenses	66,677.	50,779.	12,274.	3,624.
25	Total functional expenses. Add lines 1 through 24e	2,090,727.	1,756,907.	178,181.	155,639.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ▼ if following SOP 98-2 (ASC 958-720)		·		·
DAA					F 000 (0010)

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			290,223.	1	236,761.
	2	Savings and temporary cash investments			493,733.	2	624,045.
	3	Pledges and grants receivable, net			331,575.	3	555,826.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	mplovees	s. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	as defined under		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			40,697.	9	43,648.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,801,305.	.,			
		Less: accumulated depreciation		1,129,253.	3,914,733.	10 c	3,672,052.
	11	Investments – publicly traded securities			705,920.	11	639,459.
	12	Investments – other securities. See Part IV, line 11			7007520.	12	0007 100.
	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			5,776,881.	16	5,771,791.
	17	Accounts payable and accrued expenses	63,512.	17	74,490.		
	18	Grants payable	,	18	/		
	19	Deferred revenue	9,600.	19	9,600.		
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqual	ified persons.		22	
_	23	Secured mortgages and notes payable to unrelated th		_	1,335,502.	23	1,099,168.
	24	Unsecured notes and loans payable to unrelated third	•	_	2,000,0021	24	2,000,2001
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela plete Pa	ited third parties, rt X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			1,408,614.	26	1,183,258.
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
ă	27	Unrestricted net assets			3,404,317.	27	3,433,792.
32	28	Temporarily restricted net assets			485,456.	28	671,991.
핕	29	Permanently restricted net assets			478,494.	29	482,750.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck here	,▶			
0 0	30	Capital stock or trust principal, or current funds			30		
Set	31	Paid-in or capital surplus, or land, building, or equipm		L		31	
As	32	Retained earnings, endowment, accumulated income,		L		32	
et	33	Total net assets or fund balances		-	4,368,267.	33	4,588,533.
Z	34	Total liabilities and net assets/fund balances		<u> </u>	5,776,881.	34	5,771,791.

Pa	rt 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	2,3	14,5	501.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	90,	727.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2	23,	774.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,3	68,2	267.		
5	5 Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6			508.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.		
10							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
					No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			37			
	b Were the organization's financial statements audited by an independent accountant?		2 b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te					
•	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?		2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b				
BAA	TEEA0112L 08/03/18		Form	990	(2018)		

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number WHITE ASH BROADCASTING INC 94-2297746 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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.)

Sec	tion A. Public Support				•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	18 (line 6, columi	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14.				%
16a	33-1/3% support test—2018. If the and stop here. The organization						
b	33-1/3% support test—2017. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part '	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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.)

Sec	tion A. Public Support						
Calend	ar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,558,583.	2,665,492.	1,868,542.	2,293,805.	2,169,465.	11,555,887.
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	159,638.	150,270.	163,900.	181,550.	163,190.	818,548.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	1337030.	130/270.	100,300.	101/330.	100/130.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	2,718,221.	2,815,762.	2,032,442.	2,475,355.	2,332,655.	12,374,435.
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.	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	12,374,435.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2,718,221.	2,815,762.	2,032,442.	2,475,355.	2,332,655.	12,374,435.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,040.	299.	603.	3,059.	3,851.	8,852.
	acquired after June 30, 1975 Add lines 10a and 10b	1 0 4 0	0.00	600	2.050	2 051	0.
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,040.	299.	603.	3,059.	3,851.	8,852.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	5,327.	3,739.	5,803.	6,098.	4,989.	25,956.
	Total support. (Add lines 9, 10c, 11, and 12.)	2,724,588.	2,819,800.	2,038,848.	2,484,512.	2,341,495.	12,409,243.
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pu						
	Public support percentage for 20	•			•		99.72 %
	Public support percentage from					16	99.69 %
	tion D. Computation of Inv					T	
	Investment income percentage f	•		-	* * * *		0.07 %
	Investment income percentage f						0.07 %
	33-1/3% support tests—2018. If is not more than 33-1/3%, check 23 1/3% authors that 2017 less 1/3% authors 2017	this box and sto l	p here. The orgar	nization qualifies a	as a publicly supp	orted organizatior	ı ► <u>X</u>
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization ►
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions.	· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

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

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? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	EDID the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 WHITE ASH BROADCASTING INC.		94-22	97746	Page (
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Curren (option		
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			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):	t			
a	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current \	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	, , , , , , , , , , , , , , , , , , ,	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			

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

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Schedule A (Form 990 or 990-EZ) 2018

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

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Schedule A (Form 990 or 990-EZ) 2018

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 III, LINE 12 - OTHER INCOME

NATURE AND SOURCE			2018		2017		2016		2015		2014
MISCELLANEOUS	TOTAL	<u>\$</u> \$	4,989. 4,989.	\$ \$	6,098. 6,098.	<u>\$</u> \$	5,803. 5,803.	\$ \$	3,739. 3,739.	<u>\$</u> \$	5,327. 5,327.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

WHITE ASH BROADCASTING INC.		94-2297746
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	d 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	a private realidation
Check if your organization is covered by the General	Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule a	nd a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contribution te Parts I and II. See instructions for determining a co	ns totaling \$5,000 or more (in money or ontributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	l (c)(3) filing Form 990 or 990-EZ that met the 33-1/39 that checked Schedule A (Form 990 or 990-EZ), Part II, ling year, total contributions of the greater of (1) \$5,000 -EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	I (c)(7), (8), or (10) filing Form 990 or 990-EZ that rec than \$1,000 <i>exclusively</i> for religious, charitable, scien children or animals. Complete Parts I (entering 'N/A'	eived from any one contributor, tific, literary, or educational in column (b) instead of the
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec r religious, charitable, etc., purposes, but no such cor e total contributions that were received during the yea y of the parts unless the General Rule applies to this lle, etc., contributions totaling \$5,000 or more during t	ntributions totaled more than ar for an <i>exclusively</i> religious, organization because
990-PF), but it must answer 'No' on Part IV, lin	he General Rule and/or the Special Rules doesn't file e 2, of its Form 990; or check the box on line H of its filing reguirements of Schedule B (Form 990, 990-EZ,	Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)						
Name of organization						
WHITE	ASH	BROADCASTING	INC.			

Employer identification number

94-2297746

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JAMES IRVINE FOUNDATION BUSH STREET FL. 8	\$ 180,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94104		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1 <u>01,356.</u>	Person X Payroll Noncash
	FRESNO, CA 93711		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA STREET	\$ <u>_117,975.</u>	Person X Payroll Noncash
	LOS ANGELES, CA 90012		(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total	(d)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	CALIFORNIA HEALTHCARE FOUNDATION	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
_	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400	contributions	Person X Payroll Noncash (Complete Part II for
4 (a)	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 (b)	\$87,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW	\$ 87,000.	Type of contribution Person X Payroll
4 (a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW WASHINGTON, DC 20004 (b)	\$87,000. \$87,000. (c) Total contributions \$151,768.	Type of contribution Person X Payroll
(a) Number	CALIFORNIA HEALTHCARE FOUNDATION 1438 WEBSTER STREET, STE 400 OAKLAND, CA 94612 Name, address, and ZIP + 4 CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET, NW WASHINGTON, DC 20004 Name, address, and ZIP + 4 CHARITABLE ADULT RIDES & SERVICES	\$ 87,000. (c) Total contributions \$ 151,768.	Type of contribution Person X Payroll

Employer identification number

WHITE ASH BROADCASTING INC.

Name of organization

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Empl	oyer identification	number
0.4	0007746	

WHITE ASH BROADCASTING INC.

94-2297746

Part III	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 <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$						
	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						
	Transferee's name, addres	(e) Transfer of gift s. and ZIP + 4	Rela	ationship of transferor to transferee			
		.,					
		. – – – – – – – – – – –					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	tionship of transferor to transferee						
		. – – – – – – – – – –					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	Relationship of transferor to transferee			
		. – – – – – – – – – – –					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
	<u> </u>	. – – – – – – – – – –					
	<u> </u>						
<u> </u>							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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
Employer identification number

	HITE ASH BROADCASTING INC.			94-2297746	
rt I	Organizations Maintaining Donor A Complete if the organization answe	Advised Funds or Othe ered 'Yes' on Form 990,	e r Similar Funds , Part IV, line 6.	or Accounts.	
		(a) Donor advised f	unds	(b) Funds and other accou	nts
Total	number at end of year				
Aggrega	ate value of contributions to (during year)				
Aggreg	ate value of grants from (during year)				
Aggre	egate value at end of year				
	ne organization inform all donors and donor ne organization's property, subject to the org				No
Did the for che imper	ne organization inform all grantees, donors, naritable purposes and not for the benefit of rmissible private benefit?	and donor advisors in writing the donor or donor advisor,	ng that grant funds ca or for any other purp	n be used only bose conferring Yes	_ ∏ No
rt II	Conservation Easements.			<u> </u>	
	Complete if the organization answer	ered 'Yes' on Form 990,	, Part IV, line 7.		
Purpo	ose(s) of conservation easements held by the	ne organization (check all tha	at apply).		
Р	Preservation of land for public use (e.g., rec	reation or education)	Preservation of a h	nistorically important land area	a
ΠР	Protection of natural habitat		Preservation of a c	ertified historic structure	
ΠР	Preservation of open space	L	_		
	olete lines 2a through 2d if the organization held lay of the tax year.	d a qualified conservation conti	ribution in the form of a	a conservation easement on the	
				Held at the End of the	Tax Ye
	number of conservation easements			2a	
	acreage restricted by conservation easeme			2 b	
Numb	per of conservation easements on a certified	d historic structure included i	in (a)	2 c	
	per of conservation easements included in (ture listed in the National Register			2 d	
Numb tax ye	er of conservation easements modified, transferer	erred, released, extinguished, o	or terminated by the org	ganization during the	
Numb	per of states where property subject to conserva	ation easement is located >			
Does	the organization have a written policy rega	rding the periodic monitoring	g, inspection, handling	g of violations,	_
	enforcement of the conservation easements				No
Staff a	and volunteer hours devoted to monitoring, insp	pecting, handling of violations,	and enforcing conserv	ration easements during the year	r
Amou ►\$	ant of expenses incurred in monitoring, inspecti	ng, handling of violations, and	enforcing conservation	n easements during the year	
Does	each conservation easement reported on lisection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the rec	quirements of section	170(h)(4)(B)(i) Yes	☐ No
includ	rt XIII, describe how the organization reports or de, if applicable, the text of the footnote to be privation easements.			9 11 1 1 1 1	1: 6
rt III	Organizations Maintaining Collect Complete if the organization answe	ions of Art, Historical 7 ered 'Yes' on Form 990,	Treasures, or Oth , Part IV, line 8.	ner Similar Assets.	
art. hi	organization elected, as permitted under S istorical treasures, or other similar assets held rt XIII, the text of the footnote to its financia	for public exhibition, education	 or research in further 	statement and balance sheet rance of public service, provide,	works o
histori follow	organization elected, as permitted under S ical treasures, or other similar assets held for p ving amounts relating to these items:	oublic exhibition, education, or	research in furtherance	e of public service, provide the	ks of ar
(i) R	Revenue included on Form 990, Part VIII, lin	e 1			
	ssets included in Form 990, Part X				
If the amou	organization received or held works of art, hist ints required to be reported under SFAS 110	orical treasures, or other simila 6 (ASC 958) relating to these	ar assets for financial g e items:	gain, provide the following	
Rever	nue included on Form 990, Part VIII, line 1.			▶\$	
	ts included in Form 990. Part X			▶ \$	

Part III Organizations Mainta	ining Collecti	ons of Art, Hist	torical	Treasures, or	Other Si	milar Ass	ets (c	ontinu	ıed)	
3 Using the organization's acquisition items (check all that apply):	, accession, and c	ther records, check	any of th	ne following that ar	e a significa	nt use of its	collectio	n		
a Public exhibition		d Loar	n or exch	nange programs						
b Scholarly research		e Othe	er							
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.	zation's collections	and explain how the	ey furthe	r the organization's	exempt pu	rpose in				
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or rec	eive donations of a	art, histo organiza	orical treasures, o ation's collection?	r other simi	lar assets	Yes	Г	No	
Part IV Escrow and Custodia	I Arrangemen	ts. Complete if	the or	ganization ans			rm 99	0, Par	t IV,	
line 9, or reported an	amount on Fo	rm 990, Part X	, line 2	21.						
1 a Is the organization an agent, trus on Form 990, Part X? b If 'Yes,' explain the arrangement					er assets no	ot included	Yes		No	
2 se, explain the arrangement			······································				Amount			
c Beginning balance	1 c	:								
d Additions during the year										
e Distributions during the year	1 e	1 e								
f Ending balance					1f					
2a Did the organization include an a	amount on Form 9	990, Part X, line 21	1, for esc	crow or custodial	account lia	bility?	Yes		No	
b If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the expl	anation I	has been provide	d on Part X					
Part V Endowment Funds. C										
	(a) Current year			(c) Two years back		ee years back				
1 a Beginning of year balance	635,61			357,253		337,187			318.	
b Contributions	4,25	<u>197,</u>	746.	10,715	ο.	12,815.	•	5,	,985.	
c Net investment earnings, gains, and losses	26,17	'1. 29,	130.	40,774	1.	32,251.		-6,116.		
d Grants or scholarships										
e Other expenditures for facilities and programs						25,000				
f Administrative expenses	666.04		61.0	100 51		255 252		007	100	
g End of year balance	666,04			408,742		357,253	•	331,	187.	
2 Provide the estimated percentage	-		iine ig, d	column (a)) neid a	as:					
a Board designated or quasi-endowm b Permanent endowment ▶	0.95%	0.05%								
c Temporarily restricted endowmer		%								
The percentages on lines 2a, 2b, a										
3 a Are there endowment funds not in t	the possession of t	he organization that	t are held	d and administered	for the					
organization by:							_	Yes	No	
(i) unrelated organizations							. 3a(i)		X	
(ii) related organizations							` '		X	
b If 'Yes' on line 3a(ii), are the rela	-	•					. 3b			
4 Describe in Part XIII the intended		anization's endown	nent fun	ds. SEE PAR'	r XIII					
Part VI Land, Buildings, and			000		11 0				10	
Complete if the organi	ization answei	red 'Yes' on Fo	rm 990), Part IV, line	11a. See	Form 99	0, Par	t X, III	ne 10.	
Description of property		(a) Cost or other basis (investment)		basis (other)		(c) Accumulated depreciation		(d) Book value		
1 a Land				411,650.			411,650			
b Buildings				3,851,341.		59,619.	3,091,7			
c Leasehold improvements			1	57,034.		35,942.			,092.	
d Equipment				413,844.		38,490.			<u>, 354.</u>	
e Other		Farma 200 5 1 1		67,436.		15,202.		22	,234.	
THE TOTAL PROPERTY OF THE PROP	uu uuu must Aanai	FORM MAIL Part X	comm	LIKI UDA (UC.)		-		· ~ 1')	ロトラ	

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3, 672, 052. Schedule D (Form 990) 2018

Part VII Investments – Other Securities.	N/ 1 E 00	N/A
		0, 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)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		37 / 3
Part VIII Investments — Program Related.	'Yes' on Form 99	N/A 0, 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)	(b) Book Value	(S) metriod of valuation, cost of one of year market value
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		
Part IX Other Assets.	N/A	A
		0, Part IV, line 11d. See Form 990, Part X, line 15
	scription	(b) Book value
(1)		
<u>(2)</u> (3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	▶
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on F		·
(a) Description of liability (1) Federal income taxes	(b) Book value	
(1) Federal income taxes (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	. ▶	
2 Lightith, for conservation for monitions. In Dank VIII magnitude the test of the fee		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
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	2,313,732.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) SEE PART XIII 2d 2,739.		
d Other (Describe in Part XIII.) SEE PART XIII 2d 2,739.		
e Add lines 2a through 2d.	2 e	-769.
3 Subtract line 2e from line 1	3	2,314,501.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,314,501.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	rn.
	Retu 1	z,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	2,093,466.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	2,093,466. 2,739.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2e	2,093,466. 2,739.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a b Other (Describe in Part XIII.)	2 e 3	2,093,466. 2,739.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2 e 3	2,093,466. 2,739.

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 - FIN 48 FOOTNOTE

BAA

Part XIII | Supplemental Information.

THE ORGANIZATION HAS QUALIFIED AS A NON-PROFIT 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

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

CALIFORNIA INCOME TAXES.

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 RECLASSED TO OFFSET RENT INCOME TOTAL	\$ \$	2,739. 2,739.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S		
RENT EXP RECLASSED TO OFFSET RENT INCOME TOTAL	\$ \$	2,739. 2,739.

BAA TEEA3305L 10/10/18 Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

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 Employer identification number WHITE ASH BROADCASTING INC. 94-2297746 **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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. 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.

Schedule	e G (Form 990 or 990-EZ) 2018 WHITE A	SH BROADCASTIN	G INC.	94-229	97746 Page 2
Part II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	s and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R		(a) Event #1 WINE TASTING E	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))

(event type) (total number) 114 104		(total number) 114,558 10,220 104,338 1,500
104		10,220 104,338 1,500
104		104,338
1		1,500
1		1.150
		1,152
35		35,709
▶ 65		65, 977
es' on Form 990, Part IV, line 19, or reported more	on Form 990, Part IV, line 19,	990, Part IV, line 19, or reported more than
bingo/progressive (c) Other gaming (add colum	bingo/progressive (c) Other gan	ressive (c) Other gaming (add column (a)
46,125. 46	4.6	
10,500.	40,	46,125. 46,125
		46,125. 46,125 10,500. 10,500
3,763.	10,	10,500. 10,500 3,763. 3,763
	10, Yes <u>0</u> % Yes	10,500. 10,500 3,763. 3,763 0% Yes 0%
3,763. 3 Yes 0 % Yes 0 % X No	10, Yes0 %	10,500. 10,500 3,763. 3,763 0 % Yes 0 % X No
3,763. 3 Yes 0 % Yes 0 % X No X X X X X X X X X	10, Yes0 % YesX No	10,500. 10,500 3,763. 3,763 0 % Yes 0 % X No 14,263
3,763. 3 Yes 0 % Yes 0 % X No X X X X X X X X X	10, Yes	10,500. 10,500 3,763. 3,763 0 % Yes 0 % X No 14,263 14,263 31,862
mn (d)	(d)	No

Sch	edule G (Form 990 or 990-EZ) 2018 WHITE ASH BROADCASTING INC. 9	4-2297746	Page 3
	Does the organization conduct gaming activities with nonmembers?		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?		X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility.	13a	%
	b An outside facility.		<u>100.0%</u>
			100.0 0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	;;	
	Name •		- – – –
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization \$ and to gaming revenue retained by the third party \$ If 'Yes,' enter name and address of the third party:	ue? Yes he amount	s X No
	Name ►		. – – – – 1
	Address •		
16	Gaming manager information:		
	Name •		. – – – – -
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Ye:	s X No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	lumns (iii) and y additional	(v);

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WHITE ASH BROADCASTING INC.

Employer identification number 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

Name of the organization	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.

Date	Accepted	
Date	Accepted	

TAXABLE Y	EAR Califor	nia e-file Return	Author	ization f	or			FORM
2018	Exemp	t Organizations						8453-EO
Exempt Organiza		J					Identifying	g number
	SH BROADCASTIN						94-22	297746
		nformation (whole dollars on						0.000.000
-	• •	99, line 4)						2,382,723.
		99, line 8)						
	·	· · · · · · · · · · · · · · · · · · ·					3	2,130,343.
Part II	Settle Your Accou	int Electronically for Ta	xable Year	· 2018				
4 Ele	ectronic funds withdraw	wal 4a Amount		4b With	drawal date	(mm/dd/yy	yy) <u> </u>	
		on (Have you verified the ex	cempt organiz	ation's bankin	g information	on?)		
5 Routing	· —				. 🗆 .		П	
6 Accour			7	Type of acco	unt: 🔲 C	hecking		avings
	Declaration of Off		de elemento de elemento de	David III IK I ala	l. David II	David Lavid	de	
	ne exempt organization or the amount listed o	n's account to be settled as on the settled as o	designated in	Part II. If I ch	eck Part II,	Box 4, I aut	norize a	an electronic funds
return origina correspondir organization's Tax Board (F for the fee li statements be return or ref	ator (ERO), transmittents and lines of the exempt streturn is true, correct, and treceive ability and all applicate transmitted to the FTE	that I am an officer of the abover, or intermediate service proorganization's 2018 Californ and complete. If the exempt or full and timely payment of the interest and penalties. I as by the ERO, transmitter, or interize the FTB to disclose to	ovider and the ia electronic reganization is for exempt or outhorize the exempted termediate ser	e amounts in Freturn. To the illing a balance janization's feexempt organization transcribed intermediate se	Part I above best of my due return, le liability, the zation return ferroces: ervice provi	e agree with knowledge a l understand ne exempt on and accon sing of the ex	the amound belied that if the reganization of	ounts on the ef, the exempt e Franchise tion will remain liable g schedules and rganization's
Sign Here	Signature of officer		Date	PRE	SIDENT			
Here	orginature of officer		Dute	Title				
Part V [Declaration of Ele	ctronic Return Originat	or (ERO) a	nd Paid Pro	eparer. Se	e instruction	1S.	
the best of n organization officer's sign forms and in Authorized e exempt organ under penalt statements,	ny knowledge. (If I ar 's return. I declare, ho lature on form FTB 84 formation that I will find file Providers. I will k dization return is filed, w dies of perjury, I declar	above exempt organization's nonly an intermediate service wever, that form FTB 8453-E53-EO before transmitting the le with the FTB, and I have for the form FTB 8453-EO on find the very service is later, and I will make that I have examined the acknowledge and belief, they are	te provider, I to accurately is return to the collowed all other four years a copy availabove exempt	understand that reflects the date of FTB; I have ner requirement ars from the datable to the FTE organization's	at I am not ata on the r provided th nts describe ue date of t 3 upon reque s return and	responsible eturn.) I hav le organizati de in FTB Puthe return or lest. If I am all accompan	for reviewed on office obtains 1345 four years of the paying sch	ewing the exempt ned the organization er with a copy of all a, 2018 Handbook for ears from the date the aid preparer, edules and
	EDOI:			Pate	Check if	Check	if	ERO's PTIN
ERO	ERO's FAUST	O HINOJOSA, CPA, C			also paid preparer	X self- employ	/ed	P00196912
Must	Firm's name (or yours	PRICE, PAIGE & COM					FEIN	
Sign	if self-employed) and address	570 N MAGNOLIA AVI	E STE 100			C7	ZIP code	77-0203007
Under penalties	of perjury, I declare that I ha	CLOVIS ave examined the above organization's	return and accon	npanying schedules	s and statemen	CA ts, and to the b		93611 knowledge and belief, they
		declaration based on all information					•	
	Paid			Date		Check if		Paid preparer's PTIN
Paid	preparer's signature					self-employed		
Preparer Must	Firm's name						FEIN	
Sign	(or yours if self- employed) and address						ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

6/20														12:47
NODESCRI	PTION	DATE <u>ACQUIRED</u>	DATE COST/ _SOLD BASIS		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 & IMPROVEN	MENTS													
33 SIGNAGE		6/01/16	4	386					4,386	1,097	S/L HY	' 10	.10000	
34 HI-TECH HOME		6/01/16	61	626					61,626	3,622	S/L MW	39	.02564	1,
36 ACOUSTICAL/ARCH	HITECTURAL	6/01/16	23	456					23,456	1,378	S/L MW	39	.02564	(
37 ROOF - CONSTRUC	TION	6/01/16	76	565					76,565	12,764	S/L HY	15	.06670	5,
38 A/C AND HEATING	- CONS	6/01/16	345	737					345,737	86,435	S/L HY	10	.10000	34,
39 FLOORING - CONST	RUCTION	6/01/16	75	783					75,783	27,069	S/L HY	7	.14280	10,
40 BUILDING CONSTR	UCTION	6/01/16	2,406	634					2,406,634	141,438	S/L MW	39	.02564	61,
43 CONSTRUCTION AD	OMIN	6/01/16	160	929					160,929	9,457	S/L MW	39	.02564	4,
44 ARCHITECT FEES		6/01/16	159	891					159,891	9,398	S/L MW	39	.02564	4,
45 ELECTRICAL HOOK	UPS	6/01/16	22	330					22,330	1,313	S/L MW	39	.02564	
46 LANDSCAPING		6/01/16	7	573					7,573	1,053	S/L HY	18	.05560	
47 ELECTRICAL - CON	STRUCTION	6/01/16	479	565					479,565	239,783	S/L HY	5	.20000	95,
49 DONOR SIGNAGE		9/30/16	7	149					7,149	1,891	S/L HY	10	.10000	
50 IMPROVEMENTS 20	116	3/31/17	8	080					8,080	1,212	S/L HY	10	.10000	
54 MARIAM WALL		12/19/18	11	637					11,637		S/L	. 39		
TOTAL BUILDING 8	(IMPROVEMEN		3,851	341	0	0	0 (0 0	3,851,341	537,910				221,7
FURNITURE AND FIXTU	IRES													
1 4538-WEBSITE UPG	RADE	9/27/07	5	.000					5,000	5,000	S/L	. 5		
24 COMP - RICHARDS	ON/PLEVIN	1/30/14	2	013					2,013	1,897	S/L	. 5		
25 RECORDING EQUIP!	MENT	4/04/14	2	184					2,184	2,184	S/L	. 3		
26 SERVER		5/08/14	12	787					12,787	11,187	S/L	. 5		1,
27 COPIER		9/24/14	5	130					5,130	5,130	S/L	. 3		

2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

		DATE_	DATE	COST/	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG /BASIS	DEPR.	PRIOR				CURREN
<u> 10.</u>	DESCRIPTION	ACQUIRED_	SOLD	BASIS	PCT.	BONUS	ALLOW	SP. DEPR.	DEPR.	REDUCT	BASIS	DEPR.	METHOD		RATE	DEPR.
29 N	MUSIC SERVER	11/19/14		2,586							2,586	1,982	S/L	5		
31 I	SLAND CABINET	6/01/16		2,320							2,320	580	S/L HY	10		
41 F	PHONE SYSTEM	6/01/16		21,311							21,311	8,881	S/L HY	6	.16670	
51 (OFFICE FURNITURE	3/31/17		3,518							3,518	754	S/L HY	7	.14290	
	CONFERENCE ROOM 82 TV	12/27/18		7,959							7,959		S/L	5		
56 2	77-IN IMAC	9/30/19	_	2,628						_	2,628		S/L	5		
1	TOTAL FURNITURE AND FIXTURE			67,436		0	0		0 0) (67,436	37,595				
LANI)															
21 L	 AND	9/30/14	_	411,650							411,650					
1	TOTAL LAND			411,650		0	0		0 0) (411,650	0				
LEAS	SEHOLD IMPROVEMENT - BAKERSFI	ELD														
2 1	520-BROADCAST BUILDING	3/01/87		21,883							21,883	21,883	S/L	15		
20 4	630-OIL WIZE-CONCRETE	6/06/13	_	16,150							16,150	5,699	S/L	15		
1	TOTAL LEASEHOLD IMPROVEMEN			38,033		0	0		0 0) (38,033	27,582				
MISO	CELLANEOUS															
53 S	CCULPTURE	10/31/17	_	19,000							19,000	3,483	S/L	5		
1	TOTAL MISCELLANEOUS			19,000		0	0		0 0) (19,000	3,483				
	CE EQUIPMENT															

2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

6/20					CUR	SPECIAL	PRIOR 179/	PRIOR	SALVAG						12:47
NO.	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD BASIS	BUS. PCT.	. 179 BONUS	DEPR. ALLOW.	BONUS/ SP. DEPR.	DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURREN' DEPR.
3	1260-TRANSMITTOR FM3.5K	2/12/87	26,6	380						26,680	26,680	S/L	15		
4	1270-STERO GENERATO MOD	2/12/87	5,8	360						5,860	5,860	S/L	10		
5	1390-MAGNUM 18M TOWER	2/12/87	13,6	384						13,684	13,684	S/L	15		
6	1650-TDK-60-305 & TOWER	12/07/87	14,6	355						14,655	14,655	S/L	7		
7	2460-TRANSMITTER	3/01/96	10,7	⁷ 50						10,750	10,750	S/L	10		
8	2470-EXCITER	3/01/96	6,2	290						6,290	6,290	S/L	10		
9	2480-TRANS LINE PARTS	3/01/96	15,1	84						15,184	15,184	S/L	10		
10	2820-PRODUCT CONSOLE	5/15/97	6,0	022						6,022	6,022	S/L	7		
11	2990-DIGITAL OPTI	1/22/99	10,3	385						10,385	10,385	S/L	7		
12	4476-ENCO COMPUTER	7/11/05	11,8	355						11,855	11,855	S/L	5		
14	4533-STATELLITE LINK	6/01/07	31,6	640						31,640	17,929	S/L	20		
18	4615-MODULATION MONITOR	12/01/11	6,!	505						6,505	6,451	S/L	5		
19	4621-AIR COMPRESSOR	10/31/12	3,3	380						3,380	2,014	S/L	10		
30	STUDIO EQUIPMENT	6/01/16	73,2	248						73,248	30,522	S/L HY	6	.16670	1
32	PLANNING FOR TRANSMITTER	6/01/16	27,7	⁷ 04						27,704	5,327	S/L HY	13	.07690	
35	TOWER INSTALLATION	6/01/16	35,1	20						35,120	6,754	S/L HY	13	.07690	
42	INSTAL. OF STATELLITE	6/01/16	2,8	311						2,811	540	S/L HY	13	.07690	
52	RADIO EQUIPMENT	3/31/17	4,5	515						4,515	1,355	S/L HY	5	.20000	
	TOTAL OFFICE EQUIPMENT		306,2	288	0	0	. (0 0	0	306,288	192,257				2
0FF	FICE EQUIPMENT - AUBERY														
13	4484-6 BAY ANTENNA	10/12/05	22,6	393						22,693	18,155	S/L	15		
15	4536-STATELLITE LINK	6/01/07	32,6	519					- 	32,619	18,451	S/L	20		
	TOTAL OFFICE EQUIPMENT - AUB		55,3	312	0	0) (0 0	0	55,312	36,606				

2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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CLIENT WHITEASH

WHITE ASH BROADCASTING INC.

5/20																12:47
NO	DESCRIPTION	DATE ACQUIRED		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	CURREN DEPR.
OFFICE E	EQUIPMENT - BAKERSFIELD															
16 4609-	-POWER MODULES TRANS	11/02/10		3,713							3,713	1,463	S/L	20		
17 4610-	-POWER MODULES TRANS	11/02/10		4,003							4,003	1,556	S/L	20		
22 COMF	PRESSOR	11/14/13		4,847							4,847	2,364	S/L	10		
23 GENE	ERATOR INSTALLATION	8/20/14		7,500							7,500	3,094	S/L	10		
28 GENE	ERATOR	7/23/14		13,629							13,629	11,472	S/L	5		2
48 TRAN	NSMITTER AND ANTENNA	5/03/16		18,552							18,552	8,966	S/L	5		;
TOTA	AL OFFICE EQUIPMENT - BAK			52,244		0	0		0 0	0	52,244	28,915				7
TOTA	AL DEPRECIATION		_	4,801,304	- -	0	0		0 0	0	4,801,304	864,348				26
GRAN	ND TOTAL DEPRECIATION		_	4,801,304	-	0	0		0 0	0	4,801,304	864,348			;	26