|                                | •                         | 00                   | Return of Organ   | ization Exempt  | From              | Income T             | av               | OMB No. 1545                          | -0047          |
|--------------------------------|---------------------------|----------------------|---|---|-------------------|----------------------|------------------|---------------------------------------|----------------|
| Forn                           | "У                        | <b>90</b>            | Under section 501(c), 527, or 4947  |   |                   |                      |                  | 201                                   | 5              |
| Depa                           | tmont                     | of the Treasury      |   | curity numbers on this for                            | -                 |                      | -                | Open to Pu                            |                |
|                                |                           | enue Service         | Information about Formation   | rm 990 and its instructions                           | s is at www.ii    | rs.gov/form990.      |                  | Inspectio                             |                |
| ΑF                             | or th                     | e 2015 cale          | ndar year, or tax year beginning  | an  | nd ending         | -                    |                  |                                       |                |
| <b>В</b> с<br>а                | heck if<br>oplicab        | le: C Name           | e of organization   |   |                   | D Employer ic        | lentificat       | ion number                            |                |
| X                              | Addre<br>chang<br>Name    |                      | ILY STATIONS, INC   |   |                   |                      |                  |                                       |                |
|                                | _chang                    | ge Doing             | business as   |   | 1                 |                      | 4-144            | 2453                                  |                |
| F                              | _return<br>]Final         | Numl                 | per and street (or P.O. box if mail is not deli<br>5 0 SOUTH LOOP ROAD              | vered to street address)                              | Room/suite<br>130 |                      |                  | 58-6200                               |                |
|                                | ┘return<br>termir<br>ated | n-                   | or town, state or province, country, and 2  | ZIP or foreign postal code                            | <u>+ 50</u>       | G Gross receipts \$  |                  | 8,486,1                               | 120.           |
|                                | Amen<br>Amen              | ided AT.7            | $\Delta$ MEDA, CA 94502   |   |                   | H(a) Is this a gr    |                  |                                       |                |
|                                | Applie distance           | <sup>ca-</sup> F Nam | e and address of principal officer: THO   | MAS EVANS   |                   | for subord           |                  |                                       | No             |
|                                | pendi                     |                      | AS C ABOVE  |   |                   | H(b) Are all subord  |                  |                                       | No             |
|                                |                           |                      |   | <ul> <li>(insert no.) 4947(a)(<sup>-</sup></li> </ul> | 1) or 📃 527       | If "No," att         | tach a list      | . (see instructio                     | ns)            |
|                                |                           |                      | V.FAMILYRADIO.ORG   |   |                   | H(c) Group exe       |                  |                                       |                |
|                                |                           | -                    |   | sociation 🔄 Other 🕨                                   | L Year            | of formation: 19     | 58 M St          | tate of legal domic                   | ile: CA        |
| Ра                             | rt I                      | Summa                |   | 137713  |                   |                      | a mo             |                                       |                |
| e                              | 1                         | Briefly des          | cribe the organization's mission or most  | significant activities: בעע בייס<br>סיס מועג בייע     | CC MUD            | WORD OF              |                  | ENABLE                                |                |
| Activities & Governance        | ~                         |                      |   |   |                   |                      |                  |                                       | <u>.</u> .     |
| ver                            | 2<br>3                    |                      | box if the organization disconvolution voting members of the governing body (       |   |                   |                      |                  | 15.                                   | 3              |
| ဗီ                             | 4                         |                      | independent voting members of the gov   |   |                   |                      |                  |                                       | $-\frac{1}{1}$ |
| s &                            | 5                         |                      | er of individuals employed in calendar y  |   |                   |                      |                  |                                       | 100            |
| vitie                          | 6                         |                      | er of volunteers (estimate if necessary)  |   |                   |                      |                  |                                       | 0              |
| Acti                           | 7 a                       |                      | ated business revenue from Part VIII, col   |   |                   |                      |                  |                                       | 0.             |
| 1                              | b                         | Net unrelat          | ed business taxable income from Form §  | 990-T, line 34  |                   |                      | 7b               |                                       | 0.             |
|                                |                           |                      |   |   |                   | Prior Year           |                  | Current Yea                           |                |
| ne                             | 8                         |                      |   |   |                   | 5,414,6              |                  | 6,173,3                               |                |
| Revenue                        | 9                         | 0                    |   |   |                   | 1 000 7              | 0.               | 0.4.2                                 | 0.             |
| Re                             | 10                        |                      | income (Part VIII, column (A), lines 3, 4,  |   |                   | -1,298,7<br>262,3    |                  | 843,8                                 |                |
|                                | 11                        |                      | nue (Part VIII, column (A), lines 5, 6d, 8c,  |   |                   | 4,378,2              |                  | 7,466,5                               |                |
| _                              | 12<br>13                  |                      | ue - add lines 8 through 11 (must equal<br>similar amounts paid (Part IX, column (A |   | 1                 | 4,570,2              | 0.               | 7,400,                                | 0.             |
|                                | 14                        |                      | id to or for members (Part IX, column (A  |   |                   |                      | 0.               |                                       | 0.             |
| ŝ                              | 15                        |                      | her compensation, employee benefits (F  |   |                   | 4,407,7              | 85.              | 3,590,4                               | 408.           |
| nses                           | 16a                       |                      | al fundraising fees (Part IX, column (A), li  | na 11a)   |                   |                      | 0.               |                                       | 0.             |
| Expe                           | b                         | Total fundr          | aising expenses (Part IX, column (D), line  | e 25) ▶ <u>865,</u>                                   | 329.              |                      |                  |                                       |                |
| ш                              | 17                        |                      | nses (Part IX, column (A), lines 11a-11d,   |   |                   | 6,499,8              |                  | 5,443,2                               |                |
|                                | 18                        |                      | nses. Add lines 13-17 (must equal Part I)   |   |                   | 10,907,6             |                  | 9,033,6                               |                |
| s                              | 19                        | Revenue le           | ss expenses. Subtract line 18 from line   | 12  |                   | -6,529,4             |                  | -1,566,8                              |                |
| Net Assets or<br>Fund Balances | ~~                        |                      |   |   |                   | eginning of Current  |                  | End of Year<br>77,772,3               |                |
| Asse<br>Bali                   | 20<br>21                  |                      |   |   |                   | 34,818,1             |                  | 33,991,5                              |                |
| Net /<br>und                   |                           |                      | or fund balances. Subtract line 21 from   | line 20   |                   | 45,394,1             |                  | 43,780,7                              |                |
|                                | rt II                     |                      | ure Block   |   |                   |                      |                  |                                       |                |
| Unde                           | er pena                   |                      | ry, I declare that I have examined this return,                                     | including accompanying schedu                         | ules and statem   | nents, and to the be | st of my kn      | nowledge and belie                    | ef, it is      |
| true,                          | corre                     | ct, and comp         | ete. Declaration of preparer (other than office                                     | r) is based on all information of                     | which prepare     | r has any knowledg   | e.               |                                       |                |
|                                |                           |                      |   |   |                   |                      |                  |                                       |                |
| Sigr                           | ı                         | · ·                  | ture of officer   |   |                   | Date                 |                  |                                       |                |
| Her                            | е                         |                      | MAS EVANS, PRESIDEN   | r –   |                   |                      |                  |                                       |                |
|                                |                           | <b>,</b>             | or print name and title   | Discussion in the state of the                        |                   | Date                 |                  | PTIN                                  |                |
| Dv:                            |                           |                      |   | Preparer's signature                                  |                   | if                   |                  | P0019456                              | <u>۲</u>       |
| Paid<br>Prep                   |                           | Firm's nam           | FAHEY<br>E RINA ACCOUNTANCY   | CORPORATION   |                   | Firm's E             | IN S             | 4-315885                              |                |
| Use                            |                           | Firm's addr          |   |   |                   |                      | <b>&gt;</b>      | , , , , , , , , , , , , , , , , , , , |                |
|                                | ,,                        |                      | SAN FRANCISCO, CA   |   |                   | Phone n              | io. <b>(41</b> 5 | 5) 777-44                             | 488            |
| May                            | the I                     | RS discuss           | this return with the preparer shown abo   |   |                   |                      |                  | X Yes                                 | No             |

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

|          | 990 (2015)                   |                                  |          |          | TATIC                     |           |               |              |         |           |           |           | 94-     | 14424     | 153           | Paç         |
|----------|------------------------------|----------------------------------|----------|----------|---------------------------|-----------|---------------|--------------|---------|-----------|-----------|-----------|---------|-----------|---------------|-------------|
| Par      |                              | ement of I                       | -        |          |                           | -         |               |              |         |           |           |           |         |           |               | ſ           |
|          |                              | k if Schedule                    |          |          |                           | note to a | any line in   | this Pa      | rt III  |           |           |           |         |           |               | l           |
| 1        |                              | ribe the organ<br>HING W         |          |          |                           | 7 P .     | τ οτα         | с т <u>с</u> | FN      | ABT.F     |           | .ፑ ጥ(     | ידת נ   | COVET     | 2             |             |
|          |                              | TRUST,                           |          |          |                           |           |               |              |         |           |           |           |         |           | `,            |             |
|          |                              | 111001,                          | 11110    | 11101    |                           |           | NORD          | 01 0         | 00,     |           |           | <u> </u>  |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
| 2        | Did the org                  | anization und                    |          |          |                           |           |               |              |         |           |           |           |         | _         | _             |             |
|          |                              | rm 990 or 990                    |          |          |                           |           |               |              |         |           |           |           |         | L         | Yes           | X           |
| _        |                              | scribe these r                   |          |          |                           |           |               |              |         |           |           |           | -       | Г         | ٦.,           | v           |
| 3        |                              | anization ceas                   |          |          |                           | nificant  | changes       | in how i     | t condu | ucts, any | / program | services  | ?       | L         | Yes           |             |
| 4        |                              | scribe these o<br>e organization | -        |          |                           | nlishme   | onts for ex   | ach of ite   | throo   | largest r | orogram s | anvices : | e measu | red by ex | noncoc        |             |
|          |                              | (c)(3) and 50                    |          |          |                           |           |               |              |         |           | -         |           |         | -         |               |             |
|          |                              | any, for each                    |          | -        |                           |           |               |              | 0       |           |           |           | ,       | •         | ,             |             |
| 4a       | (Code:                       | ) (Expense                       |          |          |                           |           | including gra |              |         |           |           | ) (Reve   |         |           |               |             |
|          |                              | HRISTI                           |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              | OF IN'<br>GIFTS I                |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              | IERFUL A                         |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              | . TODA                           |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              | LOGY F                           |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          | COUNTE                       | IES INC                          | CLUDI    | ING E    | UROPE                     | 5, N(     | ORTH          | AFRI         | CA Z    | AND '     | THE C     | ONTII     | IENT    | OF AS     | SIA.          |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
| 4b       | (Code:                       | ) (Expense                       | \$       |          |                           | i         | including gra | nts of \$    |         |           |           | ) (Bey    | anue \$ |           |               |             |
|          | (0000.                       |                                  |          |          |                           |           | nolaanig gra  |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  | ·        | ·        |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
| 4c       | (Code:                       | ) (Expense                       | es \$    |          |                           | i         | including gra | nts of \$    |         |           |           | ) (Reve   | enue \$ |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
|          |                              |                                  |          |          |                           |           |               |              |         |           |           |           |         |           |               |             |
| 4d       | Other prog                   | am services (                    | Describe | in Scheo | dule O.)                  |           |               |              |         |           |           |           |         |           |               |             |
| 4d       | Other prog                   | am services (                    | Describe |          | dule O.)<br>ncluding grar | its of \$ |               |              |         | ) (Re     | venue \$  |           |         | )         |               |             |
| 4d<br>4e | (Expenses \$                 | am services (<br>am service ex   |          | in       | ncluding grar             |           | ,766.         |              |         | ) (Re     | venue \$  |           |         | )         |               |             |
| 4e       | (Expenses \$                 |                                  |          | in       | ncluding grar             |           | <u>,766.</u>  |              |         | ) (Re     | venue \$  |           |         | )         | Form <b>9</b> | <b>90</b> ( |
|          | (Expenses \$<br>Total progra |                                  |          | in       | ncluding grar             |           | <u>,766.</u>  |              |         | ) (Re     | venue \$  |           |         | )         | Form <b>9</b> | <b>90</b> ( |

Form 990 (2015) FAMILY STATIONS, INC Part IV Checklist of Required Schedules

| 94-1442453 | Page <b>3</b> |
|------------|---------------|
|            |               |

| Is the arganization described in section \$01(c)(3) or 4447(a)(1) (other than a private foundation)?         Ves         No           If Yes, "complete Schedule A.         Is the arganization required to complete Schedule B, Schedule of Contributors?         I         I         X           Id the organization required to complete Schedule B, Schedule of Contributors?         I         X         Id         X         Id         X           Id the organization required to complete Schedule C, Part I         Id         X         X         Id         X         Id         X           Id the organization national sequence Schedule C, Part I         Id         X         X         Id         X         Id         X         Id         X           Id the organization matrixe any done odvised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I         Id         X         Id         Id         X           ID the organization matrixe any done odvised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II         Id         X         Id         Id         Id         X           ID the organization matrixe and anount in Part X, Ine 21, for escrew or custolial account lability, serve as a custodian for amount in Part X, ine 21, for escrew or custolial account lability, serve as a custodian for amounts in the Part X, ine 21, for escrew or custolial account lability, escre as a custodian for amount in Part X, ine 21, for escrew or custo   |     |  |          |     |    |
|---|-----|--|----------|-----|----|
| If **mail: complete Schedule A       1       X         2       Is the organization required to complete Schedule C, Part I       3       X         3       Debite organization required to complete Schedule C, Part I       3       X         4       Section 501(c)(3) organizations. Du the organization engage in bobying activities on behalf of or in opposition to candidates for unique to tax year? If *vis, *complete Schedule C, Part II       3       X         5       Is the organization a section 501(c)(4).501(c)(6), 601(c)(6) organization that receives membership dues, assessments, or assentiation maintain any doorn advice, 651(c)(7), 601(c)(6) organization to for which donors have the right to provide advice on the distribution or investment of amounts in such funds or assentiation relation and under not bola concernstic funds carasy similar funds or accounts? If *vis, *complete Schedule D, Part II       6       X         7       Dot the organization report on hola concernstic including easements to preserve open space.       7       X         8       Dot the organization report on amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, provide cardid consensity, including easements and the engin or dot regolation services?       7       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, provide cardid consensity, including and equipartent in Part X, line 107 H *vis, *complete Schedule D, Part V       8       X </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>  |     |  |          | Yes | No |
| 2         Is the organization required to complete Schedule 6, Schedule of Contributord         2         X           3         Did the organization angage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? II <sup>+</sup> 'les, <sup>+</sup> complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(b) (e)(50) or 501(c)(6) or 601(c) or 100000000000000000000000000000000000  | 1   |  |          | 37  |    |
| 9         Did the organization engage in direct on indirect political campaign activities on behalf of or in opposition to candidates for public orticol "I"Ves," complete Schedule C, Part II         a         X           8         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? II "Ves," complete Schedule C, Part II         a         X           9         Did the organization ascent: hold is constrained funds or any semilar funds or accounts for which donors have the right of participation maintain any donor advices of the organization that receives membership dues, assessments, or its proceed participation participation ascenter, hickling assembts to preserve open space.         7         X           9         Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         8         X           9         Did the organization receives for provide cardid conselling, dott management, redit repair, or dott negatitation servere?         7         X           8         Did the organization free/run amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for annouts not listed in Part X, or provide cardid conselling, dott management, redit repair, or dott negatitation servere?         7         X           9         Did the organization free/run amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for annouts not hand. Dives, "complete Schedule D, Part V         8         X  |     | If "Yes," complete Schedule A  |          | A   | 37 |
| public office? If "Yes," complete Schedule C, Part I         3         X           4         Section 501((c)) or oparizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect         4         X           5         Is the organization a section 501(c)(d), 501(c)(S), or 501(c)(G) organization that receives membership dues, assessments, or similar mounts as defined in Revene Proceedure 98-191 "Ves," complete Schedule C, Part II         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for Wish', complete Schedule D, Part II         6         X           7         Z         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar asset? II "Yes," complete Schedule D, Part II         7         X           8         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 D Part IV.         8         X           10         Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanet endowments? II "Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for laws the schedule D, Part V         10         X           10         Did the organization report an amount for investments - orbip eschedule D, Part V         11         11   |     |  | 2        |     | X  |
| 4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect<br>during the tay sen? If 'vss, 'complete Schedule C, Part II         4         X           5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or<br>similar amounts as defined in Revenue Procedure 81-197 If 'Yes,' complete Schedule C, Part II         6         X           5         Do the organization maintain any doma advised funds or any social set which donors have the right to<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of<br>provide advice on the distribution are investment of amounts in such funds or accounts for which donors have the right of<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of<br>provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of<br>amounts no listed in Part X, or provide cardial coanseling, debt management, credit repair, or debt negoliation services?         7         X           9         Did the organization report an amount for investments - scher securities in temporarily restricted endowments, permanent<br>endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V         8         X           10         Did the organization report an amount for investments - scher securities in Part X, line 12 that is 5% or more of its total<br>assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI         10         X           11         M the organization report an a                | 3   |  | 3        |     | x  |
| 5         Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or<br>similar anounts as defined in Revenue Proceedure 98-1991 (**sec, "complete Schedule D, Part III         5         X           6         Did the organization receives or hold a conservation essement, including easements to preserve open space,<br>the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III         6         X           7         X         Did the organization receives or hold a conservation essement, including easements to preserve open space,<br>the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III         7         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for<br>amounts no tilsed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for<br>amounts no tilsed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for<br>amounts no tilsed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for<br>amounts no tilsed in Part X, line 17 If "yes," complete Schedule D, Part V         9         X           10         Did the organization, releared any of the following questions is "Yes," then complete Schedule D, Part X, VII, VIII, VIII, VII, VIII, X, or X<br>as applicable.         11a         X           11         M         X         11a         X         11a         X           12         Did the organization report an amount for inv  | 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4        |     | x  |
| similar amounts as defined in Revenue Procedure 98-197 If Yes," complete Schedule O, Part II       5       X         6       Did the organization maintain any doors advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Mrse," complete Schedule D, Part II       6       X         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       7       X         8       Did the organization, directly or through a related organization, hod assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V       8       X         10       Did the organization report an amount for insetments - rotyparm elated in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         11       Did the organization report an amount for insetments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part X       11       X         12       Did the organization report an amount for insetments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part X       11       X         13       Di  | 5   |  | <u> </u> |     |    |
| 6       Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advice on the distribution or investment of armounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6       X         7       Did the organization maintain any donor advised funds or accounts? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of wrisk of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization, maintain collections of wrisk of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization, maintain collections of wrisk of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization, receive or hour any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization, receive an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       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 VII       11a       X         13       Did the organization report an amount for investments - program related in Part X, line 15? If   | Ũ   |  | 5        |     | x  |
| provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes, ' complete Schedule D, Part II       6       X         7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures II''''''s, ''O''''''''''''''''''''''''''''  | 6   |  | -        |     |    |
| 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       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         11       Did the organization report an amount for investments - other ascurites in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         11       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 X       11a       X         11       Did the organization report an amount for other assets in Part X, line 25? If "Yes," c   | •   | · · · · · · · · · · · · · · · · · · ·  | 6        |     | x  |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-ndowments? If "yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI       11a       X         12       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       11a       X         13       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 X       11e       X         14       X       Did the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X  | 7   |  |          |     |    |
| 8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       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 UP. Part IV       10       X         11       If the organization's answer to any of the following questions is "Yes," tenn complete Schedule D, Part V II.       10       X         12       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II.       10       X         13       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II       11       X         14       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 VII       11       X         15       Did the organization report an amount for other alsolitates 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 XIII       116       X         16       Did the organization report an amo  |     |  | 7        |     | x  |
| Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         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       X         11       If the organization report an amount for lawstements - other securities in Part X, line 107 If 'Yes,' complete Schedule D, Part VI       11       X         12       Did the organization report an amount for investments - other securities in Part X, line 107 If 'Yes,' complete Schedule D, Part VI       11       X         13       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 167 If 'Yes,' complete Schedule D, Part VII       11       X         14       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 167 If 'Yes,' complete Schedule D, Part XII       116       X         15       Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X       116       X         16       Did the  | 8   |  | <u> </u> |     |    |
| amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?     y     X       10     Did the organization, dinectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization, dinectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V     10     X       12     Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI, UN, UN, UX, VX, VX, VN, VN, VN, VN, VN, VN, VN, VN, VN, VN   | Ũ   | Schedule D, Part III   | 8        |     | Х  |
| If "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent<br>endowments, or quasification endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V, IV, VII, VII, VI, VI, VII, VI, VI, V  | 9   |  |          |     |    |
| 10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments?, <i>examplete Schedule D, Part V</i> 10       X         11       If the organization's answer to any of the following questions is "Yes," tem complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII  |     |  |          |     |    |
| endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       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       11a       X         12       Did the organization report an amount for investments - other securities 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 VII       11d       X         13       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 XI       11d       X         14       X       11d       X       11d       X         15       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         14       X       11d       X       11e       X         16       the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X   |     |  | 9        |     | X  |
| 11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,   | 10  |  |          |     |    |
| as applicable.       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11d       X         e Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization aschool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X X       11t       X         13       Is 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?       14a       X         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantascro ther assis   |     |  | 10       |     | X  |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other labilities 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 X       11c       X         e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in 21a       11t       X         12a       X       12a       X       11a       X         13       Is the organization aschool described in section 170(b(1)(4)(ii)? If "Yes," complete Schedule D, Part X in 21a       11t       X         13       Is the organization nanotific exemployees, or agents outside of the United States?       13a       X         <  | 11  |  |          |     |    |
| Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization bain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         13       Is the organization natian an office, employees, or agents outside of the United States?       11a       X         14       Did the organization natian an office, employees, or agents outside of the United States, or aggregate foreign investments valued  |     |  |          |     |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization nellam separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11t       X         13       Is the organization askened "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         14       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or  | а   |  | 11a      | 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       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization nelocide in consolidated, independent audited financial statements for the tax year?       11e       X         yf "Yes," and if the organization aswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization naintain an office, employees, or agents outside of the United States?       14a       X         14       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X <t< th=""><th>b</th><th>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total</th><th></th><th></th><th></th></t<> | b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      |          |     |    |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         12a       Did 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       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b 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 report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       16       X      <   |     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |     | Х  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in<br>Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         13 Is the organization aschool described in section 170(b)(1/A)(iij)? If "Yes," complete Schedule E       13a       X         14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       16       X         17       Did the organization report more than \$15,0   | с   |  |          |     |    |
| Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization batin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a Did 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       12a       X         13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13a       X         14a       X       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 form 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       X         16 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 report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17 Did the organization report on Part IX, column (A), line 3, more  |     |  | 11c      |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts  | d   |  |          | 37  |    |
| 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       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       X         18       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assi  |     |  |          |     |    |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       15       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       16       X         15       Did the organization report an total of more than \$15,000 of expenses for professional fundraising services on Pa  |     |  | 11e      | X   |    |
| 12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       X       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report 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       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for or granization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orign individuals? If "Yes," complete Schedule G, Part I       16       X         18   | f   |  |          | 37  |    |
| Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising serv  |     |  | 11f      | A   |    |
| b       Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       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       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report 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       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross in  | 12a |  | 12a      | х   |    |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       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       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," </th <th>b</th> <th>,</th> <th></th> <th></th> <th></th>  | b   | ,  |          |     |    |
| <ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>13 X</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>14a 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</li> <li>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</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>16 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</li> <li>17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 82? If "Yes," complete Schedule G, Part II</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> </ul>   |     |  | 12b      |     | Х  |
| 14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X   | 13  |  | 13       |     | Х  |
| <ul> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>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</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>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</li> <li>18 Did the organization report more than \$15,000 ot gross income and contributions on Part VIII, lines 1</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> </ul>  | 14a |  | 14a      |     | Х  |
| <ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> </ul>  | b   |  |          |     |    |
| <ul> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> </ul>  |     |  | 14b      | x   |    |
| foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part I       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X  | 15  |  |          |     |    |
| 16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X   |     |  | 15       |     | x  |
| or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X   | 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         | -        |     |    |
| <ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> </ul>  |     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     | Х  |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X   | 17  |  |          |     |    |
| 18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X  |     |  | 17       |     | Х  |
| 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       I  | 18  |  |          |     |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |  | 18       |     | Х  |
|   | 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |          |     |    |
|   |     |  | 19       |     | Х  |

Form **990** (2015)

532003 12-16-15

|     | 990 (2015) FAMILY STATIONS, INC 94-144   | 2453       | Р   | age <b>4</b> |
|-----|--|------------|-----|--------------|
| Pa  | t IV Checklist of Required Schedules (continued)   |            |     |              |
|     |  |            | Yes | No           |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | . 20a      |     | X            |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | . 20b      |     | <u> </u>     |
| 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         |     | x            |
| 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       |     | X            |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>         | 23         |     | x            |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>                   |            |     |              |
|     | Schedule K. If "No", go to line 25a  | 24a        |     | X            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     |              |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c        |     |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |              |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |     | 37           |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | <b>25a</b> |     | X            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b        |     | x            |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  | . 200      |     |              |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         |     | x            |
| 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  | 27         |     | x            |
| 28  | of any of these persons? If "Yes," complete Schedule L, Part III   | . 21       |     |              |
| 20  | instructions for applicable filing thresholds, conditions, and exceptions):  |            |     |              |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a        |     | х            |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b        |     | X            |
|     | 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        |     | x            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         | Х   |              |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |            |     |              |
|     | contributions? If "Yes," complete Schedule M   | . 30       |     | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If</i> "Yes," <i>complete Schedule N, Part I</i>  | 31         |     | x            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  |            |     | x            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |     |              |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | . 33       |     | X            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | . 34       | х   |              |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |            |     | X            |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |            |     | _            |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |            |     |              |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2  |            |     | x            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |     |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | . 37       |     | X            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38         | x   |              |
|     |  |            |     | (2015)       |

532004 12-16-15

| Form | 990 (2015) FAMILY STATIONS, INC   | 94-14             | 42453              | Р   | age <b>5</b> |
|------|---|-------------------|--------------------|-----|--------------|
| Pa   |   |                   |                    |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part V  |                   |                    |     |              |
|      |   |                   |                    | Yes | No           |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a 1:             | 27                 |     |              |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b                | 0                  |     |              |
| с    | Did the organization comply with backup withholding rules for reportable payments to vendors and it   |                   |                    |     |              |
|      | (gambling) winnings to prize winners?   |                   | 1c                 | X   |              |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                   |                    |     |              |
|      | filed for the calendar year ending with or within the year covered by this return   | 2a 10             | 00                 |     |              |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax retu                                  | rns?              | 2b                 |     | X            |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction                                     | s)                |                    |     |              |
|      |   |                   |                    |     | X            |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule                                  | 0                 | <b>3b</b>          |     |              |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other                                     | authority over, a |                    |     |              |
|      | financial account in a foreign country (such as a bank account, securities account, or other financial                                      | account)?         | 4a                 |     | X            |
| b    | If "Yes," enter the name of the foreign country:  |                   | _                  |     |              |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A  | Accounts (FBAR).  |                    |     |              |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                       |                   | <u>5</u> a         |     | X            |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-                                  |                   |                    |     | X            |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |                   | <b>5</b> c         |     |              |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did t  |                   |                    |     |              |
|      | any contributions that were not tax deductible as charitable contributions?   |                   | <u>6a</u>          |     | X            |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contribu                                      |                   |                    |     |              |
|      | were not tax deductible?  |                   | 6b                 |     |              |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |                   |                    |     | 37           |
|      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se                          |                   |                    |     | X            |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |                   | 7b                 |     |              |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w                                      | -                 |                    |     | v            |
|      | to file Form 8282?  |                   | 7c                 |     | X            |
|      | If "Yes," indicate the number of Forms 8282 filed during the year   |                   | _                  |     | 37           |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit                                       |                   |                    |     | X            |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont                                     |                   |                    |     | X            |
|      | If the organization received a contribution of qualified intellectual property, did the organization file F                                 |                   |                    |     |              |
| -    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz                                   |                   | ?? <mark>7h</mark> |     |              |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   | •                 |                    |     |              |
| •    | sponsoring organization have excess business holdings at any time during the year?  |                   | 8                  |     |              |
| 9    | Sponsoring organizations maintaining donor advised funds.   |                   |                    |     |              |
| a    | Did the sponsoring organization make any taxable distributions under section 4966?  |                   |                    |     |              |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |                   | 9b                 |     |              |
| 10   | Section 501(c)(7) organizations. Enter:   | 40-               |                    |     |              |
|      | Initiation fees and capital contributions included on Part VIII, line 12  | 10a               | _                  |     |              |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b               | _                  |     |              |
| 11   | Section 501(c)(12) organizations. Enter:  | 44.               |                    |     |              |
|      | Gross income from members or shareholders<br>Gross income from other sources (Do not net amounts due or paid to other sources against       | 11a               | -                  |     |              |
| D    |   | 116               |                    |     |              |
| 100  | amounts due or received from them.)<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 11b               | 100                |     |              |
|      |   | <b>12b</b>        | 12a                |     |              |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 120               | -                  |     |              |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                   | 120                |     |              |
| a    | Is the organization licensed to issue qualified health plans in more than one state?  |                   | <u>13a</u>         |     |              |
| L.   | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                    |                   |                    |     |              |
| a    | Enter the amount of reserves the organization is required to maintain by the states in which the  | 126               |                    |     |              |
| -    | organization is licensed to issue qualified health plans  | 13b<br>13c        |                    |     |              |
|      | Enter the amount of reserves on hand  |                   | 140                |     | X            |
|      |   |                   | 14a<br>14b         |     |              |
| a    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu                                       |                   | 140                |     |              |

Form **990** (2015)

532005 12-16-15

| _       | 990 (2015) FAMILY STATIONS, INC   |            | 94-1442               |            |       | ag  |
|---------|---|------------|-----------------------|------------|-------|-----|
| Pa      | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 t<br>to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (            | -          |                       | "No" r     | espor | ise |
|         | Check if Schedule O contains a response or note to any line in this Part VI   |            |                       |            |       |     |
| Sec     | tion A. Governing Body and Management   |            |                       |            |       | _   |
|         |   |            | -                     |            | Yes   |     |
| та      | Enter the number of voting members of the governing body at the end of the tax year   | 1a         |                       | 4          |       |     |
|         | 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.   | 416        | 1                     |            |       |     |
| р<br>2  | Enter the number of voting members included in line 1a, above, who are independent<br>Did any officer, director, trustee, or key employee have a family relationship or a business relationsh |            |                       | -          |       |     |
| 2       | officer, director, trustee, or key employee?  |            |                       | 2          |       |     |
| 3       | Did the organization delegate control over management duties customarily performed by or under t  |            |                       | -          |       | ┢   |
| Ŭ       | of officers, directors, or trustees, or key employees to a management company or other person?  |            |                       | 3          |       |     |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form   |            |                       | 4          |       | t   |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's as   |            |                       | 5          |       | T   |
| 6       | Did the organization have members or stockholders?  |            |                       | 6          |       | T   |
| 7a      | Did the organization have members, stockholders, or other persons who had the power to elect or a   |            |                       |            |       | Γ   |
|         | more members of the governing body?   |            |                       | 7a         |       |     |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |            |                       |            |       | Γ   |
|         | persons other than the governing body?  |            |                       | 7b         |       |     |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during the y  | ear by the | e following:          |            |       | Γ   |
| а       | The governing body?   |            |                       | 8a         | X     | L   |
| b       | Each committee with authority to act on behalf of the governing body?   |            |                       | 8b         | Х     | L   |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-   | ached a    | it the                |            |       |     |
|         |   |            |                       | 9          |       |     |
| ec      | tion B. Policies (This Section B requests information about policies not required by the Internal P   | Revenue    | Code.)                |            |       | г   |
| _       |   |            |                       |            | Yes   | Ļ   |
|         | Did the organization have local chapters, branches, or affiliates?  |            |                       | 10a        | X     | ┞   |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such  |            |                       |            | v     |     |
|         | and branches to ensure their operations are consistent with the organization's exempt purposes?   |            |                       | 10b        | X     | ┞   |
|         | Has the organization provided a complete copy of this Form 990 to all members of its governing bo   | dy befoi   | re filing the form?   | 11a        | X     | ┝   |
|         | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |            |                       | 10.        | Х     | L   |
| 2a<br>b |   |            | licte?                | 12a<br>12b | 21    | ┢   |
|         | Did the organization regularly and consistently monitor and enforce compliance with the policy? If  |            |                       | 120        |       |     |
| C       | in Schedule O how this was done   |            |                       | 12c        |       |     |
| 3       | Did the organization have a written whistleblower policy?   |            |                       | 13         |       | t   |
| 4       | Did the organization have a written document retention and destruction policy?  |            |                       | 14         | Х     | t   |
| 15      | Did the process for determining compensation of the following persons include a review and appro-   |            |                       | 17         |       | t   |
| •       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision  |            | aoponaon              |            |       | L   |
| а       | The organization's CEO, Executive Director, or top management official  |            |                       | 15a        |       | ľ   |
|         | Other officers or key employees of the organization   |            |                       | 15b        |       | t   |
|         | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |                       |            |       | t   |
| 6a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange  | ement w    | ith a                 |            |       | L   |
|         | taxable entity during the year?   |            |                       | 16a        |       | E   |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu   |            |                       |            |       | t   |
|         | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org   | anizatior  | ı's                   |            |       |     |
|         | exempt status with respect to such arrangements?  |            |                       | 16b        |       |     |
| ec      | tion C. Disclosure  |            |                       |            |       |     |
| 7       | List the states with which a copy of this Form 990 is required to be filed <b>CA</b> , <b>FL</b> , <b>IL</b> , <b>MD</b> , <b>I</b>   | MN,T       | N,VA,WI               |            |       |     |
| 8       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990  | T (Secti   | on 501(c)(3)s only)   | availab    | le    |     |
|         | for public inspection. Indicate how you made these available. Check all that apply.   |            |                       |            |       |     |
|         | Own website Another's website I Upon request Other (explained)  | n in Sch   | edule O)              |            |       |     |
| 19      | Describe in Schedule O whether (and if so, how) the organization made its governing documents, c  | onflict o  | f interest policy, an | d finan    | cial  |     |
|         | statements available to the public during the tax year.   |            |                       |            |       |     |
| 20      | State the name, address, and telephone number of the person who possesses the organization's b  | ooks an    | d records: 🕨          |            |       |     |
|         | RICK E. SMITH - 510-282-3111  |            |                       |            |       |     |
|         | 290 HEGENBERGER ROAD, OAKLAND, CA 94621   |            |                       |            |       | _   |
| 3200    | 6 12-16-15  |            |                       | Form       | 990   | (2  |
|         | 6<br>018 769114 0111050 2015.04030 FAMILY STATION   |            |                       | 01-        | L10!  | -   |
|         |   | - I        |                       |            |       |     |

| Form 990 (2015)   |   | 94-1442453         | Page 7 |  |  |  |  |  |  |
|---|---|--------------------|--------|--|--|--|--|--|--|
| Part VII Com  | npensation of Officers, Directors, Trustees, Key Employees, H             | ighest Compensated |        |  |  |  |  |  |  |
| Employees, and Independent Contractors  |   |                    |        |  |  |  |  |  |  |
| Chec  | k if Schedule O contains a response or note to any line in this Part VII  |                    |        |  |  |  |  |  |  |
| Section A. Offic  | cers, Directors, Trustees, Key Employees, and Highest Compensated Employe | es                 |        |  |  |  |  |  |  |
| <b>1a</b> 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 report-able 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.

| (A)<br>Name and Title                     | (B)<br>Average<br>hours per<br>week                                  | (do<br>box                     | not c<br>, unle       | (C<br>Pos<br>heck<br>ss pe | <b>C)</b><br>ition<br>more<br>rson i | than<br>is bot                  | one<br>h an | (D)<br>Reportable<br>compensation<br>from | (E)<br>Reportable<br>compensation<br>from related | <b>(F)</b><br>Estimated<br>amount of<br>other                            |
|---|--|--------------------------------|-----------------------|----------------------------|--------------------------------------|---------------------------------|-------------|---|---|--|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                    | Key employee                         | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)                  | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) SUSAN ESPINOZA<br>SECRETARY/TREASURER | 40.00  | x                              |                       | x                          |                                      |                                 |             | 46,209.                                   | 0.  | 3,085.   |
| (2) THOMAS EVANS                          | 40.00  |                                |                       |                            |                                      |                                 |             |   |   |  |
| PRESIDENT & GENERAL MANAGE                |  | Х                              |                       | Х                          |                                      |                                 |             | 112,615.                                  | 0.  | 5,870.   |
| (3) JIM GROARK                            | 10.00  |                                |                       |                            |                                      |                                 |             |   | 0   |  |
| TREASURER                                 |  | X                              |                       | Х                          |                                      |                                 |             | 0.  | 0.  | 0.   |
|   |  | {                              |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  | 1                              |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  | -                              |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  | 1                              |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  | 1                              |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  | 1                              |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       | -                          |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   |  |
|   |  |                                |                       |                            |                                      |                                 |             |   |   | Form <b>990</b> (2015)   |

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| Form 990 (2015) FAMILY S   |  | -                              |                        |  |                                      |                                 |             |  | 94-14  | 4424  | 453                | Pa  | age <b>8</b>   |
|--|--|--------------------------------|------------------------|--|--------------------------------------|---------------------------------|-------------|--|--|-------|--------------------|---|----------------|
| Part VII Section A. Officers, Directors, True<br>(A)<br>Name and title   | tees, Key Em<br>(B)<br>Average<br>hours per<br>week                  | (do<br>box                     | not c<br>, unle        | , and<br>(C<br>Posi<br>heck i<br>ss per<br>id a di | <b>c)</b><br>ition<br>more<br>rson i | 1<br>than<br>is bot             | one<br>h an | Compensated Employe<br>(D)<br>Reportable<br>compensation<br>from | es (continued)<br>(E)<br>Reportable<br>compensatio<br>from related | on am |                    | (F)<br>timate<br>ount                           |                |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer  | Key em ployee                        | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC)                           | organization:<br>(W-2/1099-MIS                                     |       | fro<br>orga<br>anc | oensa<br>om the<br>anizat<br>I relat<br>nizatie | e<br>ion<br>ed |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
|  |  |                                |                        |  |                                      | $\left  \right $                |             |  |  |       |                    |   |                |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
| 1b Sub-total   |  |                                |                        |  |                                      |                                 |             | 158,824.   |  | 0.    |                    | 8,9   | 55.            |
| c Total from continuation sheets to Part V<br>d Total (add lines 1b and 1c)  | II, Section A  |                                |                        |  |                                      |                                 |             | 0. 158,824.  |  | 0.    |                    | 3,9   | 0.             |
| 2 Total number of individuals (including but<br>compensation from the organization   | not limited to th  | nose                           | liste                  | ed at  | 000                                  | e) wl                           | no re       | eceived more than \$100  | ),000 of reportabl   | е     |                    |   | 1              |
| <b>3</b> Did the organization list any <b>former</b> officer   |  |                                |                        |  |                                      |                                 |             |  |  | ſ     |                    | Yes   | No<br>X        |
| <ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>.</li> <li>For any individual listed on line 1a, is the s and related organizations greater than \$15</li> </ul>  | um of reportab   | le co                          | omp                    | ensa   | atior                                | n and                           | d otl       |  | the organization   |       | 3                  |   | x              |
| <ul> <li>Did any person listed on line 1a receive or<br/>rendered to the organization? If "Yes," con</li> </ul>  | accrue compe   | nsati                          | ion f                  | from   | any                                  | / unr                           | elat        | ed organization or indiv   | idual for services   |       | 5                  |   | X              |
| Section B. Independent Contractors           1         Complete this table for your five highest complete the table for your five highest compl | ompensated in  | depe                           | ende                   | ent c  | ontr                                 | racto                           | ors t       | that received more than  | \$100,000 of com   | pensa | ation fi           | rom   |                |
| the organization. Report compensation for<br>(A)<br>Name and business  |  | ear e                          | endi                   | ng w   | vith                                 | or w                            | rithir      | n the organization's tax<br>(B)<br>Description of s              |  |       | (C<br>omper        |   | <u> </u>       |
| AMERICA TOWER CORP, 116<br>11TH FLOOR, BOSTON, MA 0  | HUNTING  | FOI                            | N Z                    | AVE  | ENU                                  | JE                              |             | TOWER LEASE<br>STATIONS AND                                      | FOR  | 0.    |                    |   | 62.            |
| BEASLEY FAMILY TOWERS, I<br>DRIVE, SUITE 200, NAPLES<br>FLETCHER HEALD & HILDRET   | NC., 303<br>, FL 343   | 103                            | 3                      |  |                                      | RA                              |             | TOWER LEASE<br>STATIONS AND                                      | FOR  |       |                    |   | 60.            |
| STREET. 11TH FLOOR, ARLI   |  |                                |                        |  |                                      |                                 | _           | LEGAL SERVIC   | ES   |       | 10                 | 5,8   | 49.            |
|  |  |                                |                        |  |                                      |                                 |             |  |  |       |                    |   |                |
| 2 Total number of independent contractors<br>\$100,000 of compensation from the organ  |  | not lir                        | mite                   | d to   |                                      | se li:<br>3                     | sted        | d above) who received n  | nore than  |       |                    |   |                |
| 532008<br>12-16-15   |  |                                |                        |  |                                      |                                 |             |  |  |       | Form 🤇             | <b>990</b> (2                                   | 2015)          |

| 2 a<br>b<br>b<br>c<br>c<br>d<br>d<br>e<br>f<br>S<br>S<br>4<br>5<br>5<br>6 a<br>5<br>6<br>a<br>5<br>7 a<br>b<br>c<br>c<br>d<br>d<br>c<br>c<br>d<br>d<br>c<br>c<br>d<br>d<br>c<br>c<br>c<br>c<br>c<br>d<br>d<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>d<br>d<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c | Noncash contributions included in lines 1a-1f: \$7         Total. Add lines 1a-1f         Busines         a         b         c         a         b         c         a         b         c         d         d         d         d         d         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c   | /3,304.<br>/6,461.<br>▶<br>ss Code | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | revenue exc<br>from tax ur<br>section<br>512 - 51 |
|---|---|------------------------------------|----------------------|---|---|---|
| Program Service Contributions, Giffs, Grai<br>Program Service Contributions, Giffs, Grai<br>Revenue and Other Similar Amour<br>Beyong Beyong Beyong Beyong  | D       Membership dues       1b         C       Fundraising events       1c         D       Related organizations       1d         D       Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f       6,17         D       Noncash contributions included in lines 1a-1f: \$       7         D       Total. Add lines 1a-1f       Busines         All other program service revenue  | 6,461.<br>►<br>ss Code             | 5,444.               |   |   | 5   |
| Loodram Service<br>Program Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>0<br>0<br>7<br>a<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f       6,17         g       Noncash contributions included in lines 1a-1f: \$       7         Total. Add lines 1a-1f       Busines         a   | 6,461.<br>►<br>ss Code             | 5,444.               |   |   |   |
| Loodram Service<br>Program Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>0<br>0<br>7<br>a<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | d       Related organizations       1d         a       Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f       6,17         g       Noncash contributions included in lines 1a-1f: \$       7         h       Total. Add lines 1a-1f       8usines         a   | 6,461.<br>►<br>ss Code             | 5,444.               |   |   |   |
| Loodram Service<br>Program Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>0<br>0<br>7<br>a<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | a       1e         All other contributions, gifts, grants, and similar amounts not included above       1f       6,17         g       Noncash contributions included in lines 1a-1f: \$       7         Total. Add lines 1a-1f       Busines         a  | 6,461.<br>►<br>ss Code             | 5,444.               |   |   |   |
| Loodram Service<br>Program Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>0<br>0<br>7<br>a<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | All other contributions, gifts, grants, and similar amounts not included above       1f       6,17         Image: Second structure       7       7         Image: Second structure       7       8         Image: Second structure       7       8         Image: Second structure       10       10         Image: Second st | 6,461.<br>►<br>ss Code             | 5,444.               |   |   |   |
| Loodram Service<br>Program Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>6<br>a<br>5<br>0<br>0<br>7<br>a<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | similar amounts not included above       If       6,17         Noncash contributions included in lines 1a-1f:       7         Total. Add lines 1a-1f       8         a       Busines         a       9         c       9         c       9         c       9         c       9         c       9         c       9         c       9         c       9         c       9         c       9         c       9         c       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9         d       9  | 6,461.<br>►<br>ss Code             | 5,444.               |   |   |   |
| Lookram Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>4<br>5<br>6<br>a<br>b<br>c<br>c<br>d<br>7<br>a<br>b<br>c<br>c<br>d<br>c<br>c<br>d<br>c<br>c<br>c<br>c<br>f<br>g<br>9<br>7<br>4<br>5<br>6<br>a<br>b<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c  | 9       Noncash contributions included in lines 1a-1f: \$7         7       Total. Add lines 1a-1f         8      6         9      6         9      6         9      6         9      6         9      6         9      6         9       Total. Add lines 2a-2f         10       Investment income (including dividends, interest, and other similar amounts)         10       Income from investment of tax-exempt bond proceedes         10       Less: rental expenses         0      6         10       Less: rental income or (loss)         10       Net rental income or (loss)  | 6,461.<br>►<br>ss Code             | 5,444.               |   |   |   |
| Lookram Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>4<br>5<br>6<br>a<br>b<br>c<br>c<br>d<br>7<br>a<br>b<br>c<br>c<br>d<br>c<br>c<br>d<br>c<br>c<br>c<br>c<br>f<br>g<br>9<br>7<br>4<br>5<br>6<br>a<br>b<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c  | Total. Add lines 1a-1f       Busines         a       Busines         a       Busines         b       Busines         a       Busines         b       Busines         b       Busines         b       Busines         b       Busines         b       Busines         c       State         c       State         d       State <td>ss Code</td> <td>5,444.</td> <td></td> <td></td> <td></td>   | ss Code                            | 5,444.               |   |   |   |
| Lookram Service<br>Program Service<br>Bevenue<br>3<br>4<br>5<br>4<br>5<br>6<br>a<br>b<br>c<br>c<br>d<br>7<br>a<br>b<br>c<br>c<br>d<br>c<br>c<br>d<br>c<br>c<br>c<br>c<br>f<br>g<br>9<br>7<br>4<br>5<br>6<br>a<br>b<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c<br>c  | a       Busines         b       Busines         b       Busines         b       Busines         c       State         c   | ss Code                            | 5,444.               |   |   |   |
| 3<br>3<br>4<br>5<br>6<br>a<br>b<br>c<br>d<br>7<br>a<br>b<br>c<br>d<br>d<br>7<br>a<br>b  | All other program service revenue <b>Total.</b> Add lines 2a-2f         Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         (i) Real       (ii) Pe         441,672.         D Less: rental expenses         0.         2 Rental income or (loss)  |                                    |                      |   |   |   |
| 3<br>3<br>4<br>5<br>6<br>a<br>b<br>c<br>d<br>7<br>a<br>b<br>c<br>d<br>d<br>7<br>a<br>b  | All other program service revenue <b>Total.</b> Add lines 2a-2f         Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         a Gross rents         b Less: rental expenses         c Rental income or (loss)         d Net rental income or (loss)   |                                    |                      |   |   | 5,  |
| 3<br>3<br>4<br>5<br>6<br>a<br>b<br>c<br>d<br>7<br>a<br>b<br>c<br>d<br>d<br>7<br>a<br>b  | a   |                                    |                      |   |   |   |
| 3<br>3<br>4<br>5<br>6<br>a<br>b<br>c<br>d<br>7<br>a<br>b<br>c<br>d<br>d<br>7<br>a<br>b<br>c<br>d<br>d<br>7<br>a   | All other program service revenue         g Total. Add lines 2a-2f         Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         a Gross rents         b Less: rental expenses         c Rental income or (loss)         d Net rental income or (loss)  |                                    |                      |   |   |   |
| 3<br>3<br>4<br>5<br>6<br>a<br>b<br>c<br>d<br>7<br>a<br>b<br>c<br>d<br>d<br>7<br>a<br>b  | All other program service revenue <b>Total.</b> Add lines 2a-2f         Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         a Gross rents         b Less: rental expenses         c Rental income or (loss)         d Net rental income or (loss)   |                                    |                      |   |   |   |
| 9<br>3<br>4<br>5<br>6<br>8<br>6<br>8<br>7<br>8<br>7<br>8<br>0<br>7<br>8<br>0<br>0<br>0<br>0   | g Total. Add lines 2a-2f         Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         a Gross rents         b Less: rental expenses         c Rental income or (loss)         d Net rental income or (loss)  |                                    |                      |   |   |   |
| 3<br>4<br>5<br>6 a<br>b<br>c<br>7 a<br>b<br>c<br>0<br>7 a   | Investment income (including dividends, interest, and other similar amounts)         Income from investment of tax-exempt bond proceeds         Royalties         a Gross rents         b Less: rental expenses         c Rental income or (loss)         d Net rental income or (loss)   |                                    |                      |   |   |   |
| 5<br>6 a<br>b<br>7 a<br>b<br>c<br>c   | Income from investment of tax-exempt bond proceeds         Royalties         a Gross rents         b Less: rental expenses         c Rental income or (loss)         d Net rental income or (loss)  | s                                  |                      |   |   |   |
| 5<br>6 a<br>b<br>7 a<br>b<br>c<br>c   | Royalties       (i) Real       (ii) Pe         a Gross rents       441,672.         b Less: rental expenses       0.         c Rental income or (loss)       441,672.         d Net rental income or (loss)   |                                    | 7,954.               |   |   | 7,  |
| 6 a<br>b<br>c<br>d<br>7 a<br>b<br>c<br>c<br>c   | a Gross rents       (i) Real       (ii) Per         b Less: rental expenses       0.       0.         c Rental income or (loss)       441,672.       0.         d Net rental income or (loss)       0.       0.   | rsonal                             | 7,954.               |   |   | 7,  |
| b<br>c<br>7 a<br>b<br>c<br>c  | a Gross rents       441,672.         b Less: rental expenses       0.         c Rental income or (loss)       441,672.         d Net rental income or (loss)  |                                    |                      |   |   |   |
| b<br>c<br>7 a<br>b<br>c<br>c  | b     Less: rental expenses       c     Rental income or (loss)       d     Net rental income or (loss)   |                                    |                      |   |   |   |
| d<br>7 a<br>b<br>c<br>d   | c Rental income or (loss)       441,672.         d Net rental income or (loss)  |                                    |                      |   |   |   |
| d<br>7 a<br>b<br>c<br>d   | d Net rental income or (loss)   | 🕨                                  |                      |   |   |   |
| 7 a   |   |                                    | 441,672.             |   |   | 441   |
| c   | a Gross amount from sales of (i) Securities (ii) C  | Other                              |                      |   |   |   |
| c   | assets other than inventory 1,85  | 57,746.                            |                      |   |   |   |
| d   | b Less: cost or other basis   |                                    |                      |   |   |   |
| d   |   | .9,368.                            |                      |   |   |   |
|   |   | 8,378.                             | 020 270              |   |   | 0.2.0   |
| en 8a   | d Net gain or (loss)  | 🕨                                  | 838,378.             |   |   | 838   |
|   | a Gross income from fundraising events (not including \$ of   |                                    |                      |   |   |   |
| evel  | contributions reported on line 1c). See   |                                    |                      |   |   |   |
| Ř   | Part IV, line 18 a  |                                    |                      |   |   |   |
| d pthe  | b Less: direct expenses b   |                                    |                      |   |   |   |
|   | Net income or (loss) from fundraising events  | 🕨                                  |                      |   |   |   |
| 9 a   | a Gross income from gaming activities. See  |                                    |                      |   |   |   |
|   | Part IV, line 19 a  |                                    |                      |   |   |   |
|   | b Less: direct expenses b   |                                    |                      |   |   |   |
|   | Net income or (loss) from gaming activities   | 🕨                                  |                      |   |   |   |
|   | a Gross sales of inventory, less returns<br>and allowances a  |                                    |                      |   |   |   |
| h   | b Less: cost of goods sold b  |                                    |                      |   |   |   |
|   | Net income or (loss) from sales of inventory  | ►                                  |                      |   |   |   |
|   |   | ss Code                            |                      |   |   |   |
| 11 a  |   |                                    |                      |   |   |   |
| b   | °   |                                    |                      |   |   |   |
| c   | ·   |                                    |                      |   |   |   |
|   | All other revenue   |                                    |                      |   |   |   |
|   | Total. Add lines 11a-11d     Total revenue. See instructions  |                                    | 7,466,752.           | 0.  | 0                                       | 1,293   |
| 532009 12-1   | Total revenue. See instructions.  | 💌                                  | ,,=00,/52.           | υ.  | 0                                       | Form <b>990</b>                                   |

## FAMILY STATIONS, INC

Form 990 (2015) FAMILY STATIO

| 94-1442453 | Page 10 |
|------------|---------|
|------------|---------|

|        | Check if Schedule O contains a respons   |                       | er organizations must co<br>this Part IX |  |                                       |
|--------|--|-----------------------|--|--|---------------------------------------|
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses       | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations<br>and domestic governments. See Part IV, line 21  |                       |  |  |                                       |
| 2      | Grants and other assistance to domestic  |                       |  |  |                                       |
| 2      | individuals. See Part IV, line 22  |                       |  |  |                                       |
| 3      | Grants and other assistance to foreign   |                       |  |  |                                       |
| Ŭ      | organizations, foreign governments, and foreign  |                       |  |  |                                       |
|        | individuals. See Part IV, lines 15 and 16  |                       |  |  |                                       |
| 4      | Benefits paid to or for members  |                       |  |  |                                       |
| 5      | Compensation of current officers, directors,   |                       |  |  |                                       |
|        | trustees, and key employees  | 167,779.              |  | 167,779.   |                                       |
| 6      | Compensation not included above, to disqualified   | -                     |  |  |                                       |
|        | persons (as defined under section 4958(f)(1)) and  |                       |  |  |                                       |
|        | persons described in section 4958(c)(3)(B)   |                       |  |  |                                       |
| 7      | Other salaries and wages   | 2,913,875.            | 1,852,115.                               | 688,134.   | 373,626                               |
| 8      | Pension plan accruals and contributions (include   |                       |  |  |                                       |
|        | section 401(k) and 403(b) employer contributions)  |                       |  |  |                                       |
| 9      | Other employee benefits  | 210,689.              | 123,660.                                 | 66,582.  | 20,447                                |
| 0      | Payroll taxes  | 298,065.              | 189,975.                                 | 71,986.  | 36,104                                |
| 11     | Fees for services (non-employees):   |                       |  |  |                                       |
| а      | Management   |                       |  |  |                                       |
| b      | Legal  | 141,986.              | 74,995.                                  | 66,991.  |                                       |
| С      | Accounting   | 62,000.               |  | 62,000.  |                                       |
| d      | Lobbying   |                       |  |  |                                       |
| е      | Professional fundraising services. See Part IV, line 17  |                       |  |  |                                       |
| f      | Investment management fees   |                       |  |  |                                       |
| g      | Other. (If line 11g amount exceeds 10% of line 25,   |                       |  |  |                                       |
|        | column (A) amount, list line 11g expenses on Sch 0.)   | 228,708.              | 165,331.                                 | 63,366.  | 11                                    |
| 12     | Advertising and promotion  | 5,272.                | 2,135.                                   | 974.   | 11<br>2,163<br>252,734                |
| 13     | Office expenses  | 699,894.              | 301,715.                                 | 145,445.   | 252,734                               |
| 14     | Information technology   | 112,111.              | 41,872.                                  | 70,239.  |                                       |
| 15     | Royalties  | 122 020               |  | 00 470   |                                       |
| 16     | Occupancy  | 133,828.              | 53,356.                                  | 80,472.  | 1 250                                 |
| 17     | Travel   | 71,891.               | 60,339.                                  | 10,193.  | 1,359                                 |
| 18     | Payments of travel or entertainment expenses   |                       |  |  |                                       |
|        | for any federal, state, or local public officials  | 250                   | 250                                      |  |                                       |
| 19     | Conferences, conventions, and meetings   | 358.<br>31,536.       | 358.                                     | 21 526   |                                       |
| 20     |  | 51,330.               |  | 31,536.  |                                       |
| 21     | Payments to affiliates   | 549,401.              | 452,825.                                 | 74,125.  | 22,451                                |
| 22     | Depreciation, depletion, and amortization  | 66,182.               | 452,825.                                 | 63,025.  | 1,895                                 |
| 23     | Insurance  | 00,102.               | 1,202.                                   | 03,023.  | I,095                                 |
| 24     | above. (List miscellaneous expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                       |  |  |                                       |
| а      | EQUIPMENT RENTAL   | 1,559,192.            | 1,397,358.                               | 7,410.   | 154,424                               |
| a<br>b | BROADCAST UTILITIES  | 705,194.              | 578,901.                                 | 126,293.   |                                       |
| c      | MONITOR AND SERVICE TRA  | 333,209.              | 328,712.                                 | 4,497.   |                                       |
| d      | MUSIC LICENSING FEES   | 222,808.              | 217,288.                                 | 5,520.   |                                       |
|        | All other expenses   | 519,647.              | 435,569.                                 | 83,963.  | 115                                   |
| 25     | Total functional expenses. Add lines 1 through 24e   | 9,033,625.            | 6,277,766.                               | 1,890,530.                                       | 865,329                               |
| 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)   |                       |  |  |                                       |

532010 12-16-15

12041018 769114 0111050

## 10 2015.04030 FAMILY STATIONS, INC

Form **990** (2015)

| Form 990 ( | 2015) FAMILY STATIONS, INC   |                                 | 94- | 1442453 Page 11           |
|------------|--|---------------------------------|-----|---------------------------|
| Part X     | Balance Sheet  |                                 |     |                           |
|            | Check if Schedule O contains a response or note to any line in this Part X |                                 |     |                           |
|            |  | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
| 1          | Cash - non-interest-bearing  | 32,670,633.                     | 1   | 15,792,180.               |
| 2          | Savings and temporary cash investments                                     | 22,207.                         | 2   | 27,274.                   |
| 3          | Pledges and grants receivable, net   |                                 | 3   |                           |

|               | <u> </u> | Savings and temporary cash investments   | 22,207.     | 2   | 27,274•                |
|---------------|----------|--|-------------|-----|------------------------|
|               | 3        | Pledges and grants receivable, net   |             | 3   |                        |
|               | 4        | Accounts receivable, net   | 25,373.     | 4   | 86,699.                |
|               | 5        | Loans and other receivables from current and former officers, directors,                               |             |     |                        |
| S             |          | trustees, key employees, and highest compensated employees. Complete                                   |             |     |                        |
|               |          |  |             | 5   |                        |
|               | 6        | Part II of Schedule L<br>Loans and other receivables from other disgualified persons (as defined under |             | 5   |                        |
|               | 6        | · · · ·  |             |     |                        |
|               |          | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing                      |             |     |                        |
|               |          | employers and sponsoring organizations of section 501(c)(9) voluntary                                  |             |     |                        |
| ets           |          | employees' beneficiary organizations (see instr). Complete Part II of Sch L                            | 2 450 055   | 6   | 0.001.400              |
| Assets        | 7        | Notes and loans receivable, net  | 3,452,257.  | 7   | 2,281,476.             |
| 4             | 8        | Inventories for sale or use  | 12,530.     | 8   | 12,530.                |
|               | 9        | Prepaid expenses and deferred charges  | 144,464.    | 9   | 113,078.               |
|               | 10a      | Land, buildings, and equipment: cost or other  |             |     |                        |
|               |          | basis. Complete Part VI of Schedule D 10a 28, 186, 296.  |             |     |                        |
|               | b        | Less: accumulated depreciation 10 12,865,457.  | 5,764,818.  | 10c | 15,320,839.            |
|               | 11       | Investments - publicly traded securities   |             | 11  |                        |
|               | 12       | Investments - other securities. See Part IV, line 11   |             | 12  |                        |
|               | 13       | Investments - program-related. See Part IV, line 11  |             | 13  |                        |
|               | 14       | Intangible assets  |             | 14  |                        |
|               | 15       | Other assets. See Part IV, line 11   | 38,119,978. | 15  | 44,138,235.            |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 34)  | 80,212,260. | 16  | 77,772,311.            |
|               | 17       | Accounts payable and accrued expenses  | 612,848.    | 17  | 873,564.               |
|               | 18       | Grants payable   | ,           | 18  | ,                      |
|               | 19       |  |             | 19  |                        |
|               |          | Deferred revenue   |             | 20  |                        |
|               | 20       | Tax-exempt bond liabilities  |             |     |                        |
|               | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D                                  |             | 21  |                        |
| ties          | 22       | Loans and other payables to current and former officers, directors, trustees,                          |             |     |                        |
| Liabilities   |          | key employees, highest compensated employees, and disqualified persons.                                |             |     |                        |
| -ial          |          | Complete Part II of Schedule L   |             | 22  |                        |
| -             | 23       | Secured mortgages and notes payable to unrelated third parties   | 1,455,244.  | 23  | 367,971.               |
|               | 24       | Unsecured notes and loans payable to unrelated third parties   |             | 24  |                        |
|               | 25       | Other liabilities (including federal income tax, payables to related third                             |             |     |                        |
|               |          | parties, and other liabilities not included on lines 17-24). Complete Part X of                        |             |     |                        |
|               |          | Schedule D   | 32,750,032. | 25  | 32,750,032.            |
|               | 26       | Total liabilities. Add lines 17 through 25   | 34,818,124. | 26  | 33,991,567.            |
|               |          | Organizations that follow SFAS 117 (ASC 958), check here ► X and                                       |             |     |                        |
| es            |          | complete lines 27 through 29, and lines 33 and 34.   |             |     |                        |
| ů             | 27       | Unrestricted net assets  | 45,394,136. | 27  | 43,780,744.            |
| ala           | 28       | Temporarily restricted net assets  |             | 28  |                        |
| Fund Balances | 29       | Permanently restricted net assets  |             | 29  |                        |
| 'n            |          | Organizations that do not follow SFAS 117 (ASC 958), check here  |             |     |                        |
| ۲.            |          | and complete lines 30 through 34.  |             |     |                        |
| ts            | 30       | Capital stock or trust principal, or current funds   |             | 30  |                        |
| Net Assets or | 31       | Paid-in or capital surplus, or land, building, or equipment fund                                       |             | 31  |                        |
| ťΑ            | 32       | Retained earnings, endowment, accumulated income, or other funds                                       |             | 32  |                        |
| Ne            | 33       | Total net assets or fund balances  | 45,394,136. | 33  | 43,780,744.            |
|               | 33       | Total liabilities and net assets/fund balances   | 80,212,260. | 34  | 77,772,311.            |
|               | 0-1      | ו טנמו וומטווונוטי מווע דוכר מסטכנס/ זעדוע שמומו ועדס  |             |     | Form <b>990</b> (2015) |
|               |          |  |             |     | 10111000 (2015)        |

| Form | 990 (2015) FAMILY STATIONS, INC  | 94-1       | 442453 | Pag    | ge <b>12</b> |
|------|--|------------|--------|--------|--------------|
| 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          | 7,466  |        |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 9,033  |        |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3          | -1,560 |        |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 45,394 |        |              |
| 5    | Net unrealized gains (losses) on investments   | 5          | -46    | 5,51   | 19.          |
| 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         | 43,780 | ),74   | 44.          |
| Pa   | rt XII Financial Statements and Reporting  |            |        |        |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |            |        |        | X            |
|      |  |            |        | Yes    | 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     |            |        |        | _            |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a     |        | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a     |        |        |              |
|      | separate basis, consolidated basis, or both:   |            |        |        |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |            |        |        |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b     | Х      |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basis,   |        |        |              |
|      | consolidated basis, or both:   |            |        |        |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |            |        |        |              |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |            |        |        |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |            | 2c     | X      |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  |            |        |        |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | -          |        |        |              |
|      | Act and OMB Circular A-133?  |            | 3a     |        | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit |        |        |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            |        |        |              |
|      |  |            | Form   | 990 (2 | 2015)        |

| SCHEDULE A<br>(Form 990 or 990-EZ)                     |   | omplete if the organ             | rity Status an   | 1(c)(3) org  | anization            |                |                       | омв №. 1545-0047                    |  |
|--|---|----------------------------------|--|--------------|----------------------|----------------|-----------------------|-------------------------------------|--|
| Department of the Treasury<br>Internal Revenue Service | 4947(a)(1) nonexempt charitable trust.         Attach to Form 990 or Form 990-EZ.         Information about Schedule A (Form 990 or 900-EZ) and its instructions is at www.irs.gov/form990. |                                  |  |              |                      |                |                       |                                     |  |
| Name of the organizati                                 |   | ion about Schedule A             | (Form 990 or 990-EZ) and   | its instruct | tions is at W        | ww.irs.gov/fc  |                       | Inspection<br>identification number |  |
|  | FAMI  | LY STATION                       |  |              |                      |                | 9                     | 4-1442453                           |  |
|  |   |                                  | All organizations must co  |              |                      |                | S.                    |                                     |  |
| The organization is not a                              | •   |                                  | <b>.</b> .   |              | ,                    |                |                       |                                     |  |
|  |   |                                  | on of churches describe<br>Attach Schedule E (Forr               |              |                      | I)(A)(I).      |                       |                                     |  |
|  |   |                                  | anization described in <b>s</b>                                  |              |                      | ii).           |                       |                                     |  |
| 4 A medical res  | earch organiz   | ation operated in co             | njunction with a hospita   | l describe   | d in <b>sectio</b>   | n 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.)                   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  | nental unit described in   | section 17   | 70(b)(1)(A)          | (v).           |                       |                                     |  |
| 57   | · ·   | -                                | ntial part of its support  |              |                      |                | he general            | public described in                 |  |
| section 170(   | <b>b)(1)(A)(vi).</b> (C   | omplete Part II.)                |  |              |                      |                |                       |                                     |  |
|  |   |                                  | (1)(A)(vi). (Complete Par  |              |                      |                |                       |                                     |  |
| -  |   | •                                | e than 33 1/3% of its sup<br>ct to certain exceptions            | -            |                      |                |                       | •                                   |  |
|  |   |                                  | (less section 511 tax) fr  |              |                      |                |                       | -                                   |  |
| See section  | 509(a)(2). (Co  | mplete Part III.)                |  |              |                      |                |                       |                                     |  |
|  | -   | -                                | ively to test for public sa                                      | •            |                      |                |                       |                                     |  |
| -  | -   | -                                | ively for the benefit of, to<br>ed in <b>section 509(a)(1)</b> o | -            |                      |                | -                     |                                     |  |
|  |   |                                  | of supporting organization                                       |              |                      |                |                       |                                     |  |
|  | ÷   |                                  | upervised, or controlled   |              | -                    |                | -                     | giving                              |  |
|  | -   |                                  | gularly appoint or elect   | a majority   | of the dire          | ctors or trust | ees of the s          | supporting                          |  |
|  |   | complete Part IV, Se             |  |              |                      |                | ···· (a)   b···   b a |                                     |  |
|  |   | -                                | l or controlled in connec<br>anization vested in the s           |              |                      | -              |                       | -                                   |  |
|  | -   | t complete Part IV,              |  |              |                      |                | igo ino oup           | portod                              |  |
| c 🗌 Type III fur                                       | ctionally inte  | egrated. A supportin             | g organization operated  | in connec    | tion with, a         | and functiona  | Ily integrate         | ed with,                            |  |
|  | -   |                                  | s). You must complete  |              |                      |                |                       |                                     |  |
|  | -   |                                  | oorting organization oper<br>zation generally must sa            |              |                      |                | -                     |                                     |  |
|  |   | •                                | nplete Part IV, Sections   |              |                      |                | a an attent           | None33                              |  |
|  | -   |                                  | written determination fro  |              |                      |                | II, Type III          |                                     |  |
| •  | -   | • •                              | nally integrated support   |              | zation.              |                |                       |                                     |  |
|  |   |                                  | d arranization(a)  |              |                      |                |                       |                                     |  |
| g Provide the followi<br>(i) Name of supp              |   | n about the supporte<br>(ii) EIN | (iii) Type of organization                                       |              | rganization          | (v) Amount o   | fmonetary             | (vi) Amount of                      |  |
| organization   |   |                                  | (described on lines 1-9<br>above (see instructions))             |              | in your<br>document? | support        | -                     | other support (see                  |  |
|  |   |                                  |  | Yes          | No                   | instruct       | 10115)                | instructions)                       |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
|  |   |                                  |  |              |                      |                |                       |                                     |  |
| Total  |   |                                  |  |              |                      |                |                       |                                     |  |
| Total<br>LHA For Paperwork Re                          | duction Act N   | l<br>Notice, see the Instr       | ructions for   |              |                      | LSche          | dule A (For           | m 990 or 990-EZ) 2015               |  |
| · · · · · · · · · · · · · · · · · · ·                  |   |                                  |  |              |                      |                | •                     |                                     |  |

Form 990 or 990-EZ. 532021 09-23-15

# Schedule A (Form 990 or 990-EZ) 2015 FAMILY STATIONS, INC Part II Support Schedule for Organizations Described in S

94-1442453 Page 2

| 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 |

(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  | ction A. Public Support                      |                        |                     |                        |                     |                     |               |
|------|--|------------------------|---------------------|------------------------|---------------------|---------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2011               | <b>(b)</b> 2012     | (c) 2013               | (d) 2014            | <b>(e)</b> 2015     | (f) Total     |
| 1    | Gifts, grants, contributions, and            |                        |                     |                        |                     |                     |               |
|      | membership fees received. (Do not            |                        |                     |                        |                     |                     |               |
|      | include any "unusual grants.")               | 16,964,684.            | 6,207,156.          | 5,252,378.             | 5,414,605.          | 6,173,304.          | 40,012,127.   |
| 2    | Tax revenues levied for the organ-           |                        |                     |                        |                     |                     |               |
|      | ization'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                 | 16,964,684.            | 6,207,156.          | 5,252,378.             | 5,414,605.          | 6,173,304.          | 40,012,127.   |
| 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. |                        |                     |                        |                     |                     | 40,012,127.   |
| Sec  | ction B. Total Support                       |                        |                     |                        |                     |                     |               |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2011               | <b>(b)</b> 2012     | (c) 2013               | (d) 2014            | <b>(e)</b> 2015     | (f) Total     |
| 7    | Amounts from line 4                          | 16,964,684.            | 6,207,156.          | 5,252,378.             | 5,414,605.          | 6,173,304.          | 40,012,127.   |
| 8    | Gross income from interest,                  |                        |                     |                        |                     |                     |               |
|      | dividends, payments received on              |                        |                     |                        |                     |                     |               |
|      | securities loans, rents, royalties           |                        |                     |                        |                     |                     |               |
|      | and income from similar sources $\dots$      | 266,029.               | 214,813.            | 299,880.               | 281,463.            | 455,071.            | 1,517,256.    |
| 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        |                        |                     |                        |                     |                     | 41,529,383.   |
| 12   | Gross receipts from related activities,      | , etc. (see instructio | ons)                |                        |                     | 12                  |               |
| 13   | First five years. If the Form 990 is for     | r the organization's   | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3)         |               |
| _    | organization, check this box and stor        |                        |                     |                        |                     |                     |               |
|      | ction C. Computation of Publ                 |                        |                     |                        |                     |                     |               |
|      | Public support percentage for 2015 (         |                        |                     |                        |                     | 14                  | 96.35 %       |
|      | Public support percentage from 2014          |                        |                     |                        |                     | 15                  | 97.13 %       |
| 16a  | 33 1/3% support test - 2015. If the o        | -                      |                     |                        |                     |                     |               |
|      | stop here. The organization qualifies        |                        |                     |                        |                     |                     |               |
| b    | 33 1/3% support test - 2014. If the o        |                        |                     |                        |                     |                     |               |
| 4-   | and <b>stop here.</b> The organization qual  |                        |                     |                        |                     |                     |               |
| 17a  | 10% -facts-and-circumstances tes             |                        |                     |                        |                     |                     |               |
|      | and if the organization meets the "fac       |                        |                     | -                      |                     | -                   |               |
|      | meets the "facts-and-circumstances"          |                        |                     |                        |                     |                     |               |
| b    | 10% -facts-and-circumstances tes             |                        |                     |                        |                     |                     |               |
|      | more, and if the organization meets the      |                        |                     |                        |                     |                     |               |
| 40   | organization meets the "facts-and-cire       |                        |                     |                        |                     |                     |               |
| 18   | Private foundation. If the organization      | on did not check a     | box on line 13, 16a | a, 16b, 17a, or 17b    | o, check this box a | na see instructions | <u>s 🏲 📖 </u> |

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

# Schedule A (Form 990 or 990-EZ) 2015 FAMILY STATIONS, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec   | ction A. Public Support  |                      |                       |                       | _                   |                     |                   |
|-------|--|----------------------|-----------------------|-----------------------|---------------------|---------------------|-------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2011             | <b>(b)</b> 2012       | (c) 2013              | (d) 2014            | (e) 2015            | (f) Total         |
| 1     | Gifts, grants, contributions, and  |                      |                       |                       |                     |                     |                   |
|       | membership fees received. (Do not  |                      |                       |                       |                     |                     |                   |
|       | include any "unusual grants.")   |                      |                       |                       |                     |                     |                   |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                       |                       |                     |                     |                   |
| 3     | Gross receipts from activities that are not an unrelated trade or bus-   |                      |                       |                       |                     |                     |                   |
|       | iness under section 513  |                      |                       |                       |                     |                     |                   |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                      |                       |                       |                     |                     |                   |
| 5     | The value of services or facilities  |                      |                       |                       |                     |                     |                   |
|       | furnished by a governmental unit to the organization without charge  |                      |                       |                       |                     |                     |                   |
| 6     | Total. Add lines 1 through 5   |                      |                       |                       |                     |                     |                   |
| 7a    | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                      |                       |                       |                     |                     |                   |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                       |                       |                     |                     |                   |
| С     | Add lines 7a and 7b  |                      |                       |                       |                     |                     |                   |
|       | Public support. (Subtract line 7c from line 6.)  |                      |                       |                       |                     |                     |                   |
| Sec   | ction B. Total Support   |                      |                       |                       |                     |                     |                   |
|       | ndar year (or fiscal year beginning in) 🕨  | (a) 2011             | <b>(b)</b> 2012       | (c) 2013              | (d) 2014            | (e) 2015            | (f) Total         |
|       | Amounts from line 6  |                      |                       |                       |                     |                     |                   |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                      |                       |                       |                     |                     |                   |
| b     | Unrelated business taxable income  |                      |                       |                       |                     |                     |                   |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                       |                       |                     |                     |                   |
| с     | Add lines 10a and 10b  |                      |                       |                       |                     |                     |                   |
| 11    | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                      |                       |                       |                     |                     |                   |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                      |                       |                       |                     |                     |                   |
|       | Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                       |                       |                     |                     |                   |
| 14    | First five years. If the Form 990 is fo  | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiz | zation,           |
|       | check this box and stop here   |                      |                       |                       |                     |                     |                   |
|       | ction C. Computation of Publ   |                      | -                     |                       |                     |                     |                   |
|       | Public support percentage for 2015 (   |                      |                       |                       |                     | 15                  | %                 |
| -     | Public support percentage from 2014  |                      |                       |                       |                     | 16                  | %                 |
|       | ction D. Computation of Inve   |                      |                       |                       |                     | <u>г г</u>          |                   |
|       | Investment income percentage for 20  |                      |                       |                       |                     | 17<br>18            | <u>%</u>          |
|       | Investment income percentage from 33 1/3% support tests - 2015. If the   |                      |                       |                       |                     |                     |                   |
| 199   |  |                      |                       |                       |                     |                     |                   |
| h     | more than 33 1/3%, check this box a <b>33 1/3% support tests - 2014.</b> If the  |                      |                       |                       |                     |                     |                   |
| 0     | line 18 is not more than 33 1/3%, che  | •                    |                       |                       |                     |                     |                   |
| 20    | Private foundation. If the organization  |                      |                       | -                     |                     | -                   |                   |
|       | 23 09-23-15  | IT UIU HUL CHEUK a   | DOA OFFICE 14, 19     | a, or rob, check li   |                     |                     | ) or 990-EZ) 2015 |
| 55202 | -0.00.20-10  |                      |                       | 15                    | 301                 |                     | 5 51 550-L2j 2015 |

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## Schedule A (Form 990 or 990-EZ) 2015 FAMILY STATIONS, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

#### Section A. All Supporting Organizations

Part IV

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization gualified 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- c Did a disgualified 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

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| Sche | dule A (Form 990 or 990-EZ) 2015 FAMILY STATIONS, INC 94-14  | 44245      | 3 <sub>Pa</sub> | age <b>5</b> |
|------|--|------------|-----------------|--------------|
| Pa   | rt IV Supporting Organizations (continued)   |            |                 |              |
|      |  |            | Yes             | No           |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |            |                 |              |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |            |                 |              |
|      | below, the governing body of a supported organization?   | 11a        |                 |              |
| b    | A family member of a person described in (a) above?  | 11b        |                 |              |
|      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c        |                 |              |
| Sec  | tion B. Type I Supporting Organizations  |            |                 |              |
|      |  |            | Yes             | No           |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to  |            |                 |              |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |            |                 |              |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |            |                 |              |
|      | controlled the organization's activities. If the organization had more than one supported organization,  |            |                 |              |
|      | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |            |                 |              |
|      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1          |                 |              |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported  |            |                 |              |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |            |                 |              |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |            |                 |              |
|      | supervised, or controlled the supporting organization.   | 2          |                 |              |
| Sec  | tion C. Type II Supporting Organizations   |            |                 |              |
|      |  |            | Yes             | No           |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |            |                 |              |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |            |                 |              |
|      | or management of the supporting organization was vested in the same persons that controlled or managed   |            |                 |              |
|      | the supported organization(s).   | 1          |                 |              |
| Sec  | tion D. All Type III Supporting Organizations  |            |                 |              |
|      |  |            | Yes             | No           |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |            |                 |              |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |            |                 |              |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |            |                 |              |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1          |                 |              |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |            |                 |              |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |            |                 |              |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2          |                 |              |
| 3    | By reason of the relationship described in (2), did the organization's supported organizations have a  |            |                 |              |
|      | significant voice in the organization's investment policies and in directing the use of the organization's   |            |                 |              |
|      | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |            |                 |              |
|      | supported organizations played in this regard.   | 3          |                 |              |
| -    | tion 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 yea(see instructions)   |            |                 |              |
| а    | The organization satisfied the Activities Test. Complete line 2 below.   |            |                 |              |
| b    | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |            |                 |              |
| с    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instanting of the second seco | structions |                 |              |
| 2    | Activities Test. Answer (a) and (b) below.   |            | Yes             | No           |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |            |                 |              |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |            |                 |              |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,   |            |                 |              |
|      | how the organization was responsive to those supported organizations, and how the organization determined  |            |                 |              |
| -    | that these activities constituted substantially all of its activities.   | 2a         |                 |              |
| b    |  |            |                 |              |
|      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |            |                 |              |
|      | reasons for the organization's position that its supported organization(s) would have engaged in these   |            |                 |              |
|      | activities but for the organization's involvement.   | 2b         |                 |              |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.   |            |                 |              |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |            |                 |              |
|      | trustees of each of the supported organizations? Provide details in <i>Part VI.</i>  | 3a         |                 |              |

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2015

2015.04030 FAMILY STATIONS, INC

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3b

#### Schedule A (Form 990 or 990-EZ) 2015 FAMILY STATIONS, INC Part V Type III Non-Functionally Integrated 509(a)(3) Support

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

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

| Sectior     | n A - Adjusted Net Income  |             | (A) Prior Year            | (B) Current Year<br>(optional) |
|-------------|--|-------------|---------------------------|--------------------------------|
| <b>1</b> N  | et short-term capital gain   | 1           |                           |                                |
| <b>2</b> R  | ecoveries of prior-year distributions  | 2           |                           |                                |
| <b>3</b> C  | ther gross income (see instructions)   | 3           |                           |                                |
| <b>4</b> A  | dd lines 1 through 3   | 4           |                           |                                |
| 5 D         | epreciation and depletion  | 5           |                           |                                |
| 6 P         | ortion of operating expenses paid or incurred for production or                |             |                           |                                |
| С           | ollection of gross income or for management, conservation, or                  |             |                           |                                |
| m           | aintenance of property held for production of income (see instructions)        | 6           |                           |                                |
| <b>7</b> C  | ther expenses (see instructions)   | 7           |                           |                                |
| 8 A         | djusted Net Income (subtract lines 5, 6 and 7 from line 4)                     | 8           |                           |                                |
| Sectior     | n B - Minimum Asset Amount   |             | (A) Prior Year            | (B) Current Year<br>(optional) |
| <b>1</b> A  | ggregate fair market value of all non-exempt-use assets (see                   |             |                           |                                |
| ir          | structions for short tax year or assets held for part of year):                |             |                           |                                |
| аA          | verage monthly value of securities   | 1a          |                           |                                |
| bА          | verage monthly cash balances   | 1b          |                           |                                |
| сF          | air market value of other non-exempt-use assets                                | 1c          |                           |                                |
| dΤ          | otal (add lines 1a, 1b, and 1c)  | 1d          |                           |                                |
| e D         | iscount claimed for blockage or other  |             |                           |                                |
| fa          | actors (explain in detail in <b>Part VI</b> ):                                 |             |                           |                                |
| <b>2</b> A  | cquisition indebtedness applicable to non-exempt-use assets                    | 2           |                           |                                |
| 3 S         | ubtract line 2 from line 1d  | 3           |                           |                                |
| <b>4</b> C  | ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |             |                           |                                |
| S           | ee instructions).  | 4           |                           |                                |
| 5 N         | et value of non-exempt-use assets (subtract line 4 from line 3)                | 5           |                           |                                |
| 6 N         | lultiply line 5 by .035  | 6           |                           |                                |
| <b>7</b> R  | ecoveries of prior-year distributions  | 7           |                           |                                |
| 8 N         | linimum Asset Amount (add line 7 to line 6)                                    | 8           |                           |                                |
| Sectior     | n C - Distributable Amount   |             |                           | Current Year                   |
| <b>1</b> A  | djusted net income for prior year (from Section A, line 8, Column A)           | 1           |                           |                                |
| <b>2</b> E  | nter 85% of line 1   | 2           |                           |                                |
| <b>3</b> N  | linimum asset amount for prior year (from Section B, line 8, Column A)         | 3           |                           |                                |
| <b>4</b> E  | nter greater of line 2 or line 3   | 4           |                           |                                |
| <b>5</b> Ir | come tax imposed in prior year   | 5           |                           |                                |
| 6 D         | istributable Amount. Subtract line 5 from line 4, unless subject to            |             |                           |                                |
| e           | mergency temporary reduction (see instructions)                                | 6           |                           |                                |
| 7           | Check here if the current year is the organization's first as a non-functional | y-integrate | ed Type III supporting or | ganization (see                |
|             | instructions).   |             |                           |                                |

Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990-EZ) 2015 FAMILY STATIONS, INC

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| Par   | t V   Type III Non-Functionally Integrated 509                  | (a)(3) Supporting Orga        | anizations (continued) | 1               |
|-------|---|-------------------------------|------------------------|-----------------|
| Secti | on D - Distributions  |                               | · · · · ·              | Current Year    |
| 1     | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |                        |                 |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |                        |                 |
|       | organizations, in excess of income from activity                |                               |                        |                 |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior  | IS                     |                 |
| 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 | ne organization is responsive | e                      |                 |
|       | (provide details in Part VI). See instructions.                 |                               |                        |                 |
| 9     | Distributable amount for 2015 from Section C, line 6            |                               |                        |                 |
| 10    | Line 8 amount divided by Line 9 amount                          |                               |                        |                 |
|       |   | (i)                           | (ii)                   | (iii)           |
| 0     |   | Excess Distributions          | Underdistributions     | Distributable   |
| Secti | on E - Distribution Allocations (see instructions)              |                               | Pre-2015               | Amount for 2015 |
| 1     | Distributable amount for 2015 from Section C, line 6            |                               |                        |                 |
| 2     | Underdistributions, if any, for years prior to 2015             |                               |                        |                 |
|       | (reasonable cause required-see instructions)                    |                               |                        |                 |
| 3     | Excess distributions carryover, if any, to 2015:                |                               |                        |                 |
| а     |   |                               |                        |                 |
| b     |   |                               |                        |                 |
| с     |   |                               |                        |                 |
| d     | From 2013   |                               |                        |                 |
| е     | From 2014   |                               |                        |                 |
| f     | Total of lines 3a through e                                     |                               |                        |                 |
| g     | Applied to underdistributions of prior years                    |                               |                        |                 |
| h     | Applied to 2015 distributable amount                            |                               |                        |                 |
| i     | Carryover from 2010 not applied (see instructions)              |                               |                        |                 |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |                        |                 |
| 4     | Distributions for 2015 from Section D,                          |                               |                        |                 |
|       | line 7: \$  |                               |                        |                 |
| а     | Applied to underdistributions of prior years                    |                               |                        |                 |
| -     | Applied to 2015 distributable amount                            |                               |                        |                 |
| с     | Remainder. Subtract lines 4a and 4b from 4.                     |                               |                        |                 |
| 5     | Remaining underdistributions for years prior to 2015, if        |                               |                        |                 |
|       | any. Subtract lines 3g and 4a from line 2 (if amount            |                               |                        |                 |
|       | greater than zero, see instructions).                           |                               |                        |                 |
| 6     | Remaining underdistributions for 2015. Subtract lines 3h        |                               |                        |                 |
|       | and 4b from line 1 (if amount greater than zero, see            |                               |                        |                 |
|       | instructions).  |                               |                        |                 |
| 7     | Excess distributions carryover to 2016. Add lines 3j            |                               |                        |                 |
|       | and 4c.   |                               |                        |                 |
| 8     | Breakdown of line 7:  |                               |                        |                 |
| а     |   |                               |                        |                 |
| b     |   |                               |                        |                 |
| с     | Excess from 2013  |                               |                        |                 |
|       | Excess from 2014  |                               |                        |                 |
|       | Excess from 2015  |                               |                        |                 |

Schedule A (Form 990 or 990-EZ) 2015

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| <u>Schedule A (</u> | Form 990 or 990-E   | Z) 2015 FAMILY  | STATIONS,   | INC   |  | 94-14  | 42453 Pag   |
|---------------------|---|---|---|---|--|--|---|
| Part VI             | Supplemental<br>Part IV, Section A,<br>line 1; Part IV, Sec | I <b>Information.</b> Prov.<br>, lines 1, 2, 3b, 3c, 4b,<br>tion D, lines 2 and 3; F<br>6, and 8; and Part V, 5 | vide the explanations<br>4c, 5a, 6, 9a, 9b, 9c<br>Part IV, Section E, lin | required by Par<br>11a, 11b, and 1<br>es 1c, 2a, 2b, 3a | 1c; Part IV, Section<br>and 3b; Part V, line | line 17a or 17b; Part<br>n B, lines 1 and 2; Par<br>e 1; Part V, Section B | III, line 12;<br>t IV, Section C,<br>, line 1e; Part V, |
|                     | Section D, lines 5, (See instructions.)                     | 6, and 8; and Part V, 3   | Section E, lines 2, 5,  | and 6. Also com   | plete this part for a                        | any additional informa   | tion.   |
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| 532028 09-23-1      | 5   |   |   |   |  | Schedule A (Form   | 990 or 990-EZ) 2  |
| 1/1010              | 769114 01   | 11050   | 2015.0403   | 20<br>D FAMILY  | CM2 MTONO                                    | TNC  | 0111050   |
| /オエハTO              | 102114 01   | TT000   | Z010.0403   | O LAWITTI   | STATTONS,                                    | , TINC   | 0111030   |

|                  | HEDULE D<br>n 990)   | ► Co   | mplete if the organ     | ization answere      | <b>I Statements</b><br>d "Yes" on Form 990, |                | OMB No. 1545-0047                        |
|------------------|----------------------|--|-------------------------|----------------------|---|----------------|--|
| Departi          | ment of the Treasury |  | ► At                    | tach to Form 99      | d, 11e, 11f, 12a, or 12b<br>0.              |                | Open to Public                           |
|                  | Revenue Service      |  | Schedule D (Form        | 990) and its ins     | tructions is at www.irs.                    | T              |  |
| vamo             | e of the organizati  |  | ATIONS, INC             | 2                    |   | Em             | ployer identification numl<br>94-1442453 |
| Par              | t I Organiza         | ations Maintaining                                     |                         |                      | ner Similar Funds                           | or Acco        |  |
|                  |                      | n answered "Yes" on For                                |                         |                      |   |                | ·  |
|                  | -                    |  |                         | <b>(a)</b> Donor a   | dvised funds                                | <b>(b)</b> Fu  | nds and other accounts                   |
| 1                | Total number at er   | nd of year   |                         |                      |   |                |  |
| 2                |                      | f contributions to (during                             |                         |                      |   |                |  |
| 3                |                      | f grants from (during year                             |                         |                      |   |                |  |
| 4                |                      | t end of year  |                         |                      |   |                |  |
| 5                | -                    | on inform all donors and o                             |                         | -                    |   |                |  |
| -                |                      | on's property, subject to t                            |                         |                      |   |                | Yes                                      |
| 6                | •                    | on inform all grantees, do                             |                         | •                    | •   | 2              |  |
|                  |                      | ooses and not for the ben                              |                         |                      |   | 0              |  |
| Par              |                      | ate benefit?<br>ation Easements. C                     |                         |                      |   |                |  |
| 1                |                      | servation easements held                               |                         |                      |   | art iv, inte i | 1.                                       |
| •                |                      | n of land for public use (e.                           | , ,                     | `                    | Preservation of a histor                    | rically impo   | ortant land area                         |
|                  |                      | of natural habitat                                     | g., rooroadorr or oad   |                      | Preservation of a certif                    |                |  |
|                  |                      | n of open space  |                         |                      |   |                |  |
| 2                |                      | · ·  | ation held a qualified  | d conservation c     | ontribution in the form o                   | f a conserv    | vation easement on the last              |
|                  | day of the tax yea   | с с  | •                       |                      |   |                | Held at the End of the Tax Y             |
| а                | Total number of co   | onservation easements                                  |                         |                      |   | 2a             |  |
| b                |                      | ricted by conservation ea                              |                         |                      |   |                |  |
| с                | Number of conser     | vation easements on a ce                               | ertified historic struc | ture included in (   | a)  | 2c             |  |
| d                |                      | vation easements include                               | ( )                     | ,                    |   |                |  |
|                  |                      | nal Register   |                         |                      |   |                |  |
| 3                |                      | vation easements modifie                               | ed, transferred, relea  | ised, extinguishe    | d, or terminated by the                     | organizatic    | on during the tax                        |
|                  | year ►               | <u> </u>   |                         |                      |   |                |  |
| 4                |                      | where property subject to                              |                         | -                    |   |                |  |
| 5                | -                    | tion have a written policy                             |                         | ÷.                   |   |                | Yes                                      |
| 6                |                      | forcement of the conserva<br>er hours devoted to monit |                         |                      |   |                |  |
| 0                |                      |  | oring, inspecting, ne   |                      | ris, and emotering conse                    | livation ca    | sements during the year                  |
| 7                | Amount of expens     | ses incurred in monitoring                             | inspecting, handlin     | ig of violations, a  | nd enforcing conservati                     | on easeme      | ents during the year                     |
|                  | ► \$                 |  | , nopeeting, nandin     | ig of violationic, a |   | on ouconic     | sine daning the year                     |
| 8                |                      | vation easement reported                               | d on line 2(d) above    | satisfy the requir   | ements of section 170(h                     | n)(4)(B)(i)    |  |
|                  |                      | )(4)(B)(ii)?   | . ,                     |                      |   |                | Yes                                      |
| 9                |                      | be how the organization r                              |                         |                      |   |                | and balance sheet, and                   |
|                  | include, if applicat | ole, the text of the footnot                           | te to the organizatio   | n's financial state  | ements that describes t                     | ne organiza    | ation's accounting for                   |
|                  | conservation ease    |  |                         |                      |   |                |  |
| Par              |                      | ations Maintaining                                     |                         |                      |   | her Simi       | lar Assets.                              |
|                  |                      | f the organization answer                              |                         |                      |   |                |  |
| 1a               |                      | elected, as permitted un                               |                         |                      |   |                |  |
|                  |                      |  | •                       |                      | or research in furtheran                    | ce of publi    | c service, provide, in Part X            |
|                  |                      | tnote to its financial state                           |                         |                      |   |                |  |
| b                | -                    |  |                         |                      |   |                | e sheet works of art, histor             |
|                  |                      |  | ublic exhibition, edu   | cation, or researc   | ch in furtherance of pub                    | lic service,   | provide the following amou               |
|                  | relating to these it | erns.<br>Ided on Form 990, Part VI                     | II line 1               |                      |   |                | ¢  |
|                  |                      | ed in Form 990, Part X                                 |                         |                      |   |                |  |
| 2                |                      | received or held works o                               |                         |                      |   |                |  |
| ~                | 0                    | unts required to be report                             |                         |                      |   | 9an, provi     |  |
| а                | -                    | on Form 990, Part VIII, lir                            |                         |                      | -   |                | \$                                       |
|                  |                      | n Form 990, Part X                                     |                         |                      |   |                |  |
|                  |                      | eduction Act Notice, see                               |                         |                      |   | ····· F        | Schedule D (Form 990) 2                  |
| 532051<br>11-02- | 1<br>15              | ,  |                         |                      |   |                | ,  |
|                  |                      |  |                         | 21                   |   |                |  |
| 41               | 018 769114           | 4 0111050  | 2015.04                 | 030 FAMI             | LY STATIONS,                                | INC            | 011105                                   |

| Sche       |  | STATIONS,                      |                 |                |                       |              |   |                              | 4245           |        | age <b>2</b> |
|------------|--|--------------------------------|-----------------|----------------|-----------------------|--------------|---|------------------------------|----------------|--------|--------------|
| Pa         | t III Organizations Maintaining (  | Collections of A               | rt, His         | torical T      | reasures, o           | or Othe      | r Simila                                | r Asse                       | ts(contir      | nued)  |              |
| 3          | Using the organization's acquisition, access   | sion, and other recor          | ds, chec        | k any of the   | e following tha       | at are a sig | gnificant u                             | se of its                    | collectio      | n item | IS           |
|            | (check all that apply):  |                                |                 |                |                       |              |   |                              |                |        |              |
| а          | Public exhibition  | (                              | d 🛄             | Loan or exc    | change progra         | ams          |   |                              |                |        |              |
| b          | b Scholarly research   |                                |                 |                |                       |              |   |                              |                |        |              |
| с          | Preservation for future generations  |                                |                 |                |                       |              |   |                              |                |        |              |
| 4          | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. |                                |                 |                |                       |              |   |                              |                |        |              |
| 5          | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets             |                                |                 |                |                       |              |   |                              |                |        |              |
|            | to be sold to raise funds rather than to be maintained as part of the organization's collection?                                     |                                |                 |                |                       |              |   |                              |                |        |              |
| Pa         | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or              |                                |                 |                |                       |              |   |                              |                |        |              |
|            | reported an amount on Form 990, Pa   |                                |                 |                |                       |              |   |                              |                |        |              |
| 1a         | Is the organization an agent, trustee, custor  |                                | •               |                |                       |              |   |                              | -              |        | 7            |
|            | on Form 990, Part X?   |                                |                 |                |                       |              |   | L                            | Yes            |        | No           |
| b          | If "Yes," explain the arrangement in Part XII  | I and complete the fo          | ollowing        | table:         |                       |              |   |                              |                |        |              |
|            |  |                                |                 |                |                       |              |   |                              | Amoun          | t      |              |
|            | Beginning balance  |                                |                 |                |                       |              |   |                              |                |        |              |
|            | Additions during the year  |                                |                 |                |                       |              |   |                              |                |        |              |
|            | Distributions during the year  |                                |                 |                |                       |              |   |                              |                |        |              |
|            | Ending balance   |                                |                 |                |                       |              |   |                              | N              |        |              |
|            | Did the organization include an amount on F  |                                |                 |                |                       |              | • | L                            | Yes            |        | _ No         |
| Pa         | If "Yes," explain the arrangement in Part XII<br><b>t V</b> Endowment Funds. Complete  |                                |                 |                |                       |              | 0                                       |                              |                |        |              |
| 1 4        |  | (a) Current year               | 1               |                | (c) Two year          | i            | d) Three ye                             | are back                     |                | Voare  | back         |
| 10         | Reginning of year balance  | (a) Current year               |                 | Prior year     |                       | IS DACK (    | uj mee ye                               | ais Dack                     | (e) i oui      | years  | DACK         |
|            | Beginning of year balance  |                                |                 |                |                       |              |   |                              |                |        |              |
|            | Net investment earnings, gains, and losses   |                                | <u> </u>        |                |                       |              |   |                              |                |        |              |
|            | Grants or scholarships   |                                | <u> </u>        |                | +                     |              |   |                              |                |        |              |
|            | Other expenditures for facilities  |                                | <u> </u>        |                |                       |              |   |                              |                |        |              |
| e          | and programs   |                                |                 |                |                       |              |   |                              |                |        |              |
| f          | Administrative expenses  |                                | 1               |                |                       |              |   |                              |                |        |              |
|            | End of year balance  |                                |                 |                |                       |              |   |                              |                |        |              |
| 2          | Provide the estimated percentage of the cu   |                                | L<br>ce (line 1 | 1a. column (   | a)) held as:          |              |   |                              |                |        |              |
|            | Board designated or quasi-endowment  | •                              | %               | . g, colaini ( |                       |              |   |                              |                |        |              |
|            | Permanent endowment  | %                              |                 |                |                       |              |   |                              |                |        |              |
|            | Temporarily restricted endowment   | %                              |                 |                |                       |              |   |                              |                |        |              |
|            | The percentages on lines 2a, 2b, and 2c sho  | ould equal 100%.               |                 |                |                       |              |   |                              |                |        |              |
| 3a         | Are there endowment funds not in the poss  |                                | zation th       | at are held a  | and administe         | ered for th  | e organiza                              | ation                        |                |        |              |
|            | by:  |                                |                 |                |                       |              |   |                              |                | Yes    | No           |
|            | (i) unrelated organizations  |                                |                 |                |                       |              |   |                              | 3a(i)          |        |              |
|            | (ii) related organizations   |                                |                 |                |                       |              |   |                              | 3a(ii)         |        |              |
| b          | If "Yes" on line 3a(ii), are the related organiz   | ations listed as requ          | ired on §       | Schedule R?    | ?                     |              |   |                              | . 3b           |        |              |
| 4          | Describe in Part XIII the intended uses of th  | e organization's end           | owment          | funds.         |                       |              |   |                              |                |        |              |
| Pa         | t VI Land, Buildings, and Equipr   |                                |                 |                |                       |              |   |                              |                |        |              |
|            | Complete if the organization answere   | ed "Yes" on Form 99            | 0, Part I       | V, line 11a.   | See Form 990          | ), Part X, I | ine 10.                                 |                              |                |        |              |
|            | Description of property  | (a) Cost or o<br>basis (invest |                 |                | t or other<br>(other) | • • •        | cumulatec<br>reciation                  | 1                            | <b>(d)</b> Boo | k valu | е            |
| <b>1</b> a | Land   |                                |                 |                |                       |              |   |                              |                |        |              |
|            | Buildings  |                                |                 |                | 27,051.               |              | 39,23                                   |                              | 1,48           |        |              |
|            | Leasehold improvements   |                                |                 |                | 36,684.               |              | 77,61                                   |                              |                |        | 65.          |
|            | Equipment  |                                |                 |                | 18,249.               | 9,9          | 48,60                                   | 4.                           | 2,99           | 9,6    | 45.          |
|            | Other  |                                |                 | 1              | 74,312.               |              |   |                              | 77             | 4,3    | 12.          |
| Tota       | . Add lines 1a through 1e. (Column (d) must  | equal Form 990, Par            | t X, colu       | mn (B), line   | 10c.)                 |              |   |                              | 5,32           |        |              |
|            |  |                                |                 |                |                       |              | 0                                       | م ار رام م ما م <sup>ا</sup> | D (Earn        | - 0001 | 0045         |

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| Cchedule D (Form 990) 2015 FAMILY STAT:<br>Part VII Investments - Other Securities.   | IONS, INC                           |                           | 97                   | 4-1442453 Page          |
|---|-------------------------------------|---------------------------|----------------------|-------------------------|
| Complete if the organization answered "Yes"   |                                     |                           |                      |                         |
| (a) Description of security or category (including name of security)  | (b) Book value                      | (c) Method of v           | aluation: Cost or er | nd-of-year market value |
| Financial derivatives     Closely-held equity interests   |                                     |                           |                      |                         |
| Other   |                                     |                           |                      |                         |
| (A)   |                                     |                           |                      |                         |
| (B)   |                                     |                           |                      |                         |
| (C)   |                                     |                           |                      |                         |
| (D)   |                                     |                           |                      |                         |
| (E)   |                                     |                           |                      |                         |
| (F)   |                                     |                           |                      |                         |
| (G)   |                                     |                           |                      |                         |
| (H)   |                                     |                           |                      |                         |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |                                     |                           |                      |                         |
|   | on Form 000 Dart IV                 | line 11e See Form 000     | Dort V line 12       |                         |
| Complete if the organization answered "Yes"<br>(a) Description of investment  | (b) Book value                      |                           |                      | nd-of-year market value |
| (1)   | (                                   | (1)                       |                      |                         |
| (2)   |                                     |                           |                      |                         |
| (3)   |                                     |                           |                      |                         |
| (4)   |                                     |                           |                      |                         |
| (5)   |                                     |                           |                      |                         |
| (6)   |                                     |                           |                      |                         |
| (7)   |                                     |                           |                      |                         |
| (8)   |                                     |                           |                      |                         |
| (9)   |                                     |                           |                      |                         |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨   |                                     |                           |                      |                         |
| Part IX Other Assets.<br>Complete if the organization answered "Yes"<br>(a) [   | on Form 990, Part IV<br>Description | , line 11d. See Form 990, | Part X, line 15.     | (b) Book value          |
|   | MORTIZATIO                          | N                         |                      | 44,007,024              |
| (2) DEPOSITS  |                                     |                           |                      | 39,031                  |
| (3) CHARITABLE REMAINDER UNIT   | RUSTS                               |                           |                      | 92,180                  |
| (4)   |                                     |                           |                      |                         |
| (5)   |                                     |                           |                      |                         |
| (6)   |                                     |                           |                      |                         |
| (7)   |                                     |                           |                      |                         |
| (8)   |                                     |                           |                      |                         |
| (9)<br>otal. (Column (b) must equal Form 990, Part X, col. (B) line   | 15)                                 |                           |                      | 44,138,235              |
| Part X   Other Liabilities.   |                                     |                           | ·····                | 1 44,150,255            |
| Complete if the organization answered "Yes"   | on Form 990 Part IV                 | line 11e or 11f. See Forr | m 990 Part X line 2  | 5                       |
| . (a) Description of liability  |                                     | (b) Book value            |                      | .0.                     |
| (1) Federal income taxes  |                                     | ()                        | -                    |                         |
| (2) INTERCOMPANY PAYABLE  |                                     | 32,750,032.               | 1                    |                         |
| (3)   |                                     |                           |                      |                         |
| (4)   |                                     |                           |                      |                         |
| (5)   |                                     |                           |                      |                         |
| (6)   |                                     |                           |                      |                         |
| (7)   |                                     |                           |                      |                         |
| (8)   |                                     |                           |                      |                         |
|   |                                     |                           |                      |                         |
| (9)   |                                     |                           |                      |                         |
|   | 25.)                                | 32,750,032.               |                      |                         |
| <ul> <li>(9)</li> <li>fotal. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ul> | the text of the footn               | ote to the organization's |                      |                         |

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| Sche | dule D (Form 990) 2015 FAMILY STATIONS, INC   |             |                | 94-2 | 1442453 | Page <b>4</b> |
|------|---|-------------|----------------|------|---------|---------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial State  | ements With |                |      |         |               |
|      | 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    | 7,420   | ,232.         |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                     |             |                |      |         |               |
| а    | Net unrealized gains (losses) on investments  | 2a          | -46,520.       |      |         |               |
| b    | Donated services and use of facilities  | 2b          |                |      |         |               |
| с    | Recoveries of prior year grants   | 2c          |                |      |         |               |
| d    | Other (Describe in Part XIII.)  | 2d          |                |      |         |               |
| е    | Add lines 2a through 2d   |             |                | 2e   |         | ,520.         |
| 3    | Subtract line 2e from line 1  |             |                | 3    | 7,466   | <u>,752.</u>  |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                    |             |                |      |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a          |                |      |         |               |
| b    | Other (Describe in Part XIII.)  | 4b          |                |      |         |               |
| с    |   |             |                | 4c   |         | 0.            |
| 5    | Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) |             |                | 5    | 7,466   | <u>,752.</u>  |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stat  | ements Wit  | h Expenses per | Retu | rn.     |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line                                  |             |                |      |         |               |
| 1    | Total expenses and losses per audited financial statements  |             |                | 1    | 9,033   | ,625.         |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                       |             |                |      |         |               |
| а    | Donated services and use of facilities  |             |                |      |         |               |
| b    | Prior year adjustments  | 2b          |                |      |         |               |
| С    | Other losses  | 2c          |                |      |         |               |
| d    | Other (Describe in Part XIII.)  | 2d          |                |      |         |               |
| е    | Add lines <b>2a</b> through <b>2d</b>   |             |                | 2e   |         | 0.            |
| 3    | Subtract line 2e from line 1  |             |                | 3    | 9,033   | ,625.         |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                      |             |                |      |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b  |             |                |      |         |               |
| b    | Other (Describe in Part XIII.)  | 4b          |                |      |         |               |
| С    |   |             |                | 4c   |         | 0.            |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                        |             |                | 5    | 9,033   | ,625.         |
| Pa   | rt XIII Supplemental Information.   |             |                |      |         |               |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

| THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN         |
|---|
| UNCERTAIN TAX POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX  |
| AUTHORITY WOULD SUSTAIN THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS |
| MEETING A MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE    |
| FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED TO BE REALIZED UPON          |
| SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING THE      |
| THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF DECEMBER   |
| 31, 2014 AND DECEMBER 31, 2013, THE ORGANIZATION HAS HAD NO UNCERTAIN TAX |
| POSITIONS. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY,    |
| RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. THE             |
| ORGANIZATION IS RELYING ON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL |
| 532054<br>09-21-15 Schedule D (Form 990) 2015<br>24                       |
| 2041018 769114 0111050 2015.04030 FAMILY STATIONS, INC 01110501           |

| Schedule D (Form 990) 2015  | FAMILY STATIONS, INC           | 94-1442453 Page 5         |
|-----------------------------|--------------------------------|---------------------------|
| Part XIII Supplemental Info | ormation (continued)           |                           |
|                             |                                |                           |
| APPLICABLE LAWS ANI         | D REGULATIONS TO PRESERVE THAT | STATUS. THE               |
|                             |                                |                           |
| ORGANIZATION'S TAX          | RETURNS ARE GENERALLY SUBJECT  | TO EXAMINATION BY FEDERAL |
|                             |                                |                           |
| AND STATE TAXING AU         | UTHORITIES FOR THREE AND FOUR  | YEARS RESPECTIVELY.       |
|                             |                                |                           |
|                             |                                |                           |
|                             |                                |                           |
|                             |                                |                           |
|                             |                                |                           |
|                             |                                |                           |
|                             |                                |                           |
|                             |                                |                           |

FAMILY STATIONS, INC

Schedule D (Form 990) 2015

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| SCHEDULE F                                | Stateme            | nt of Act                  | ivities Outside the Ur  | nited Sta        | ates                             | OMB No. 1545-0047       |
|---|--------------------|----------------------------|---|------------------|----------------------------------|-------------------------|
|   |                    |                            | n answered "Yes" on Form 990, Part  |                  |                                  | 2015                    |
| Department of the Treasury                |                    |                            | Attach to Form 990.   | 1                |                                  | Open to Public          |
|   | Information ab     | out Schedule F             | (Form 990) and its instructions is at   | www.irs.gov/i    |                                  | Inspection              |
| Name of the organization                  |                    |                            |   |                  | Employer id                      | dentification number    |
| FAMILY STATIONS                           |                    |                            |   |                  | 94-144                           |                         |
|   |                    | Activities Ou              | tside the United States. Compl  | ete if the orgar | ization answe                    | red "Yes" on            |
| Form 990, Part IV                         |                    | - maintain kaaak           | de te cubetentiste the emount of ite au   | anto and athou   | aasistanaa                       |                         |
| •   | •                  |                            | ds to substantiate the amount of its gr<br>the selection criteria used to award the |                  |                                  | Yes No                  |
| 2 For grantmakers. Desc<br>United States. | ribe in Part V the | e organization's           | procedures for monitoring the use of it   | s grants and o   | ther assistanc                   | e outside the           |
| 3 Activities per Region. (T               | he following Par   | t I, line 3 table c        | an be duplicated if additional space is   | needed.)         |                                  |                         |
| (a) Region                                | (b) Number of      | (c) Number of              | (d) Activities conducted in region  |                  | vity listed in (d                |                         |
|   | offices            | employees, agents, and     | (by type) (e.g., fundraising, program services, investments, grants to              |                  | gram service,<br>e specific type | expenditures<br>for and |
|   | in the region      | independent<br>contractors | recipients located in the region)   |                  | ce(s) in region                  | investments             |
|   |                    | in region                  |   |                  | (-)                              | in region               |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
| EUROPE                                    | 0                  | 0                          | PROGRAM SERVICES  | BROADCASTIN      | 1G                               | 128,102.                |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
| EAST ASIA AND THE                         |                    |                            |   |                  |                                  |                         |
| PACIFIC                                   | 0                  | 0                          | PROGRAM SERVICES  | BROADCASTIN      | 1G                               | 39,340.                 |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
| SOUTH AMERICA                             | o                  | 0                          | PROGRAM SERVICES  | BROADCASTIN      | IG                               | 42,631.                 |
|   |                    |                            |   |                  | · · ·                            |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
| SUB-SAHARAN AFRICA                        | 0                  | 0                          | PROGRAM SERVICES  | BROADCASTIN      | 1G                               | 47,520.                 |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
|   |                    |                            |   |                  |                                  |                         |
| 3 a Sub-total                             | 0                  | 0                          |   |                  |                                  | 257,593.                |
| <b>b</b> Total from continuation          |                    |                            |   |                  |                                  |                         |
| sheets to Part I                          | 0                  | 0                          |   |                  |                                  | 0.                      |
| c Totals (add lines 3a                    |                    |                            |   |                  |                                  |                         |
| and 3b)                                   | 0                  | 0                          |   |                  |                                  | 257,593.                |

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule F (Form 990) 2015

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| Page 2                     |   | of<br><, FMV,<br>ther)                                      |  |  |  |  |  | J) 2015                    |
|----------------------------|---|---|--|--|--|--|--|----------------------------|
|                            |   | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |  |  |  |  |  | Schedule F (Form 990) 2015 |
|                            | 990, Part IV, line 15, for  | (h) Description<br>of non-cash<br>assistance                |  |  |  |  |  | Sched                      |
| 94-1442453                 | I "Yes" on Form   | <b>(g)</b> Amount of<br>non-cash<br>assistance              |  |  |  |  | xempt by   |                            |
| 94-14                      | ganization answered   | (f) Manner of<br>cash disbursement                          |  |  |  |  | recognized as tax-e  |                            |
|                            | omplete if the org<br>sded.   | (e) Amount<br>of cash grant                                 |  |  |  |  | foreign country,   |                            |
| INC                        | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | <b>(d)</b> Purpose of<br>grant                              |  |  |  |  | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter <u>Enter total number of other organizations or entities</u> or entities |                            |
| STATIONS ,                 | <b>inizations or Entities O</b><br>00. Part II can be duplice   | (c) Region  |  |  |  |  | s listed above that are re<br>has provided a section (<br>entities   |                            |
| FAMILY                     | <b>r Assistance to Org</b> e<br>sived more than \$5,00  | (b) IRS code section<br>and EIN (if applicable)             |  |  |  |  | ecipient organizations<br>le grantee or counsel<br>other organizations or  |                            |
| Schedule F (Form 990) 2015 | Part II Grants and Othe<br>recipient who rece   | 1<br>(a) Name of organization                               |  |  |  |  | <ol> <li>Enter total number of recipient organizations listed a<br/>the IRS, or for which the grantee or counsel has pro</li> <li>Enter total number of other organizations or entities</li> </ol>   | I 1                        |

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| Page 3                                      |   | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |  |  |  |  | Schedule F (Form 990) 2015 |
|---|---|--|--|--|--|--|----------------------------|
|   | IV, line 16.  | (g) Description of non-cash assistance                         |  |  |  |  | Sched                      |
| 94-1442453                                  | on Form 990, Part   | (f) Amount of<br>non-cash<br>assistance                        |  |  |  |  |                            |
| 56  | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.<br>Part III can be duplicated if additional space is needed. | (e) Manner of<br>cash disbursement                             |  |  |  |  |                            |
|   | <b>ites.</b> Complete if t  | (d) Amount of<br>cash grant                                    |  |  |  |  |                            |
| NS, INC                                     | <b>le the United St</b> a<br>ed.  | <b>c)</b> Number of recipients                                 |  |  |  |  |                            |
| FAMILY STATIONS,                            | <b>:e to Individuals Outsi</b> d<br>dditional space is neede  | (b) Region   |  |  |  |  |                            |
| Schedule F (Form 990) 2015 $\mathbf{F}_{i}$ | Part III         Grants and Other Assistance to Individuals Outside           Part III         can be duplicated if additional space is needed.   | (a) Type of grant or assistance                                |  |  |  |  |                            |

10-01-15

# Schedule F (Form 990) 2015 FAMILY STATIONS, INC Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization<br>may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign<br>Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign<br>Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If<br>"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see<br>Instructions for Form 5713; do not file with Form 990)   | Yes | X No |

Schedule F (Form 990) 2015

532074 10-01-15

| Provide the information required by Part I, line 2 (monitorin<br>investments vs. expenditures per region); Part II, line 1 (ac<br>(estimated number of recipients), as applicable. Also comp | counting method); F | Part III (accounting r | method); and | d Part III, column (c) |
|--|---------------------|------------------------|--------------|------------------------|
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| 532075 10-01-15  | 2.0                 |                        | 5            | Schedule F (Form 990   |
| 041018 769114 0111050 2015.040   | 30<br>30 FAMILY     | STATIONS               | INC          | 01110                  |

# Schedule F (Form 990) 2015 FAMILY STATIONS, INC

94-1442453 Page 5

| SCHE  | DULE | Μ |
|-------|------|---|
| (Form | 990) |   |

# **Noncash Contributions**

OMB No. 1545-0047

Employer identification number

94 - 1442453

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

# FAMILY STATIONS, INC

| Pa  | rt I Types of Property                          |               |                            |   | · ·               |          |       |           |
|-----|---|---------------|----------------------------|---|-------------------|----------|-------|-----------|
|     | ·   | (a)           | (b)                        | (c)   | (d)               |          |       |           |
|     |   | Check if      | Number of contributions or | Noncash contribution<br>amounts reported on | Method of det     |          | 0     | -         |
|     |   | applicable    |                            | Form 990, Part VIII, line 1g                | noncash contribut | ion anio | ounts | 5         |
| 1   | Art - Works of art                              |               |                            |   |                   |          |       |           |
| 2   | Art - Historical treasures                      |               |                            |   |                   |          |       |           |
| 3   | Art - Fractional interests                      |               |                            |   |                   |          |       |           |
| 4   | Books and publications                          |               |                            |   |                   |          |       |           |
| 5   | Clothing and household goods                    |               |                            |   |                   |          |       |           |
| 6   | Cars and other vehicles                         |               |                            |   |                   |          |       |           |
| 7   | Boats and planes                                |               |                            |   |                   |          |       |           |
| 8   | Intellectual property                           |               |                            |   |                   |          |       |           |
| 9   | Securities - Publicly traded                    |               |                            |   |                   |          |       |           |
| 10  | Securities - Closely held stock                 |               |                            |   |                   |          |       |           |
| 11  | Securities - Partnership, LLC, or               |               |                            |   |                   |          |       |           |
|     | trust interests                                 |               |                            |   |                   |          |       |           |
| 12  | Securities - Miscellaneous                      |               |                            |   |                   |          |       |           |
| 13  | Qualified conservation contribution -           |               |                            |   |                   |          |       |           |
|     | Historic structures                             |               |                            |   |                   |          |       |           |
| 14  | Qualified conservation contribution - Other     |               |                            |   |                   |          |       |           |
| 15  | Real estate - Residential                       |               |                            |   |                   |          |       |           |
| 16  | Real estate - Commercial                        |               |                            |   |                   |          |       |           |
| 17  | Real estate - Other                             |               |                            |   |                   |          |       |           |
| 18  | Collectibles                                    |               |                            |   |                   |          |       |           |
| 19  | Food inventory                                  |               |                            |   |                   |          |       |           |
| 20  | Drugs and medical supplies                      |               |                            |   |                   |          |       |           |
| 21  | Taxidermy                                       |               |                            |   |                   |          |       |           |
| 22  | Historical artifacts                            |               |                            |   |                   |          |       |           |
| 23  | Scientific specimens                            |               |                            |   |                   |          |       |           |
| 24  | Archeological artifacts                         |               |                            |   |                   |          |       |           |
| 25  | Other ( PRINCIPAL ON )                          | X             | 0                          | /6,461.                                     | TERMS OF NOT      | LES      |       |           |
| 26  | Other ()  |               |                            |   |                   |          |       |           |
| 27  | Other ()  |               |                            |   |                   |          |       |           |
| 28  | Other ()  |               |                            |   |                   |          |       |           |
| 29  | Number of Forms 8283 received by the organi     |               | . ,                        |   |                   |          |       |           |
|     | for which the organization completed Form 82    | 83, Part IV,  | Donee Acknowled            | gement 29                                   |                   |          | .     |           |
| 00  |   | 1. 1          |                            | and the Design for the second state         | LL OD UN LL T     | ^        | /es   | No        |
| 30a | During the year, did the organization receive b | -             | • • • •                    |   | -                 |          |       |           |
|     | must hold for at least three years from the dat |               |                            |   |                   | 00-      |       | Х         |
| F   | exempt purposes for the entire holding period   | ſ             |                            |   | ·····             | 30a      |       |           |
|     | If "Yes," describe the arrangement in Part II.  | naliov that - | oquiros the review         | of any non standard asstuit                 | utions?           | 24       |       | Х         |
| 31  | Does the organization have a gift acceptance    | policy that f | equires the review         | or any non-stanuaru contrib                 | ulions?           | 31       |       | <b>47</b> |

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2015)

532141 08-21-15 Х

|         |              |            | STATIONS,                   |         |
|---------|--------------|------------|-----------------------------|---------|
| Part II | Supplemental | Informatio | <b>Dn.</b> Provide the info | rmation |

94-1442453 Page 2

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

Schedule M (Form 990) (2015) 532142 08-21-15 32 2015.04030 FAMILY STATIONS, INC 12041018 769114 0111050 01110501

| SCHEDULE O<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>► Attach to Form 990 or 990-EZ.<br>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f |          | OMB No. 1545-0047<br>2015<br>Open to Public<br>Inspection |
|--|--|----------|---|
| Name of the organization   |  | Employer | identification number<br>442453                           |
| FORM 990, PA   | RT VI, SECTION B, LINE 11:   |          |   |

A DRAFT FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN EITHER THE AUDIT OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

| SCHEDULE R<br>(Form 990)                                   | Comple  | Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. | ons and Unrelated Pa<br>ered "Yes" on Form 990, Part IV,<br>► Attach to Form 990. | <b>rtnerships</b><br>ine 33, 34, 35b, 3 | 6, or 37.  |  | 2015 0011545-0047                           |            |
|--|---|---|---|---|--|--|---|------------|
| Department of the Treasury<br>Internal Revenue Service     |   | Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.   | 0) and its instructions is a  | www.irs.gov/forn                        | 1990.  | , .  | Inspection                                  |            |
| Name of the organization                                   | TION FAMILY STATIONS  | s, inc  |   |   |  | Employer identification number<br>94-1442453 | ication numb<br>453                         | e          |
| Part I Identificat   | Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.   | if the organization answered "Yes"  | on Form 990, Part IV, line 33   |   |  |  |   |            |
| Name, adc<br>of  | <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity   | <b>(b)</b><br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country)                               | (d)<br>Total income                     | me End-of-year assets  |  | (f)<br>Direct controlling<br>entity         |            |
|  |   |   |   |   |  |  |   |            |
|  |   |   |   |   |  |  |   |            |
|  |   |   |   |   |  |  |   |            |
|  |   |   |   |   |  |  |   |            |
| Part II organizatio  | Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | tions Complete if the organization ar   | ıswered "Yes" on Form 990   | Part IV, line 34 be                     | scause it had one o  | r more related tax-exe                       | empt  |            |
| Nar  | <b>(a)</b><br>Name, address, and EIN<br>of related organization   | <b>(b)</b><br>Primary activity  | <b>(c)</b><br>Legal domicile (state or<br>foreign country)                        | (d)<br>Exempt Code<br>section           | <b>(e)</b><br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity          | Section 512(b)(13)<br>controlled<br>entity? | ed (b)(13) |
| FAMILY STATIONS O<br>46-1473940, 289 M<br>ORANGE, NJ 07052 | OF NEW JERSEY, INC<br>MOUNT PLEASANT AVENUE, WEST<br>2  | RADIO BROADCASTING  | NEW JERSEY  | 501(C)(3)                               | LINE 11A, I  |  |   |            |
|  |   |   |   |   |  |  |   |            |
|  |   |   |   |   |  |  |   |            |
|  |   |   |   |   |  |  |   |            |
| For Paperwork Redu   | For Paperwork Reduction Act Notice, see the Instructions for Form 990   | s for Form 990.   |   |   |  | Schedule R                                   | Schedule R (Form 990) 2015                  | 015        |

09-08-15 LHA

| A (Form 990) 2015       FAMILY       STATIONS, INC       94 – 1442453         Identification of Related Organizations Taxable as a Partnership       Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.       91 – 1442453         (a)       (b)       (c)       (c) |
|--|
| (C)<br>Legal<br>domicile<br>(state or<br>foreign<br>country)   |
|  |
|  |
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|  |
| Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  |
| <b>(b)</b><br>Primary activity   |
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|  |   |                               | <b>レ</b>  | T##6#00                    | Page 3 | ge 3 |
|--|---|-------------------------------|---|----------------------------|--------|------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36   | vered "Yes" on Form                     | 1 990, Part IV, line 34, 35b  | , or 36.  |                            |        |      |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |   |                               |   | ≯                          | Yes    | ٩    |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          | s with one or more r                    | elated organizations listec   | in Parts II-IV?                                     |                            | '      | :    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | ······                                  |                               |   | <b>1</b> a                 | ~      | ×    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |   |                               |   | 1b                         | ~      | ×    |
| c Gift, grant, or capital contribution from related organization(s)  |   |                               |   | 1c                         |        | X    |
| d Loans or loan guarantees to or for related organization(s)   |   |                               |   | 1d 2                       | X      |      |
| Loans or loan guarantees by related organization(s)  |   |                               |   | -<br>1e                    |        | ×    |
|  |   |                               |   | 2                          |        |      |
| f Dividends from related organization(s)   |   |                               |   | ŧ                          | ~      | ×    |
|  |   |                               |   | 1a                         |        | ×    |
| Purchase of assets from related organization(s)  |   |                               |   | ÷ د                        |        | ×    |
|  |   |                               |   | ;<br>;=                    |        | ×    |
|  |   |                               |   | ÷                          | ~      | ×    |
|  |   |                               |   | ,                          |        |      |
| k Lease of facilities, equipment, or other assets from related organization(s)   |   |                               |   | ŧ                          | ~      | ×    |
| <ol> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ol>   | inization(s)                            |                               |   | =                          | ~      | ×    |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | nization(s)                             |                               |   | 1<br>T                     | ~      | ×    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | on(s)                                   |                               |   | 1<br>L                     | ~      | ×    |
| <ul> <li>Sharing of paid employees with related organization(s)</li> </ul>   |   |                               |   | 10                         | ~      | ×    |
|  |   |                               |   |                            |        |      |
| p Reimbursement paid to related organization(s) for expenses   |   |                               |   | 1p 2                       | ×      |      |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |   |                               |   | 1q                         | ~      | ×    |
|  |   |                               |   |                            | •      | :    |
| r Other transfer of cash or property to related organization(s)  |   |                               |   | ₽                          |        | ×    |
| s Other transfer of cash or property from related organization(s)  |   |                               |   | 1s                         | ~      | ×    |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | /ho must complete t                     | his line, including covered   | relationships and transaction thresholds.           |                            |        |      |
| <b>(a)</b><br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved | volved                     |        |      |
| (1) FAMILY STATIONS OF NEW JERSEY, INC.  | D                                       | 267.                          | EXPENSES REIMBURSED                                 |                            |        |      |
| (2)  |   |                               |   |                            |        |      |
| (3)  |   |                               |   |                            |        |      |
| (4)  |   |                               |   |                            |        |      |
| (5)  |   |                               |   |                            |        |      |
| (6)  |   |                               |   |                            |        |      |
| 532163 09-08-15  | 36                                      |                               | Schedule  | Schedule R (Form 990) 2015 | 90) 20 | 015  |
|  |   |                               |   |                            |        |      |

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Schedule R (Form 990) 2015 FAMILY STATIONS, INC

| 5 3 Page 4                        |  | ss revenue)   | (i) (j) (k)<br>Code V-UBI General or Percentage<br>amount in box 20 managing<br>of Schedule K-1 partner?<br>(Form 1065) ves No |   |  |  |  | Schedule R (Form 990) 2015 |  |
|-----------------------------------|--|---|--|---|--|--|--|----------------------------|--|
| 44245                             |  | r gros  | (j)<br>General of<br>managing<br>partner?<br>Yes No  |   |  |  |  | B (Fc                      |  |
| 94-144                            |  | y total assets c  | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065)  |   |  |  |  | Schedul                    |  |
|                                   |  | ured b  | (h)<br>Dispropor-<br>tionate<br>allocations?<br>Yes No   |   |  |  |  |                            |  |
|                                   |  | (meas   |  | • |  |  |  |                            |  |
|                                   | 37.  | t of its activities   | (g)<br>Share of<br>end-of-year<br>assets   |   |  |  |  |                            |  |
|                                   | 90, Part IV, line 3  | than five percen  | (f)<br>Share of<br>total<br>income   |   |  |  |  |                            |  |
|                                   | <sup>=</sup> orm 9   | more  | 293 (c)  | 2 |  |  |  |                            |  |
|                                   | s" on I  | ductec  | er orgs.?  | } |  |  |  |                            |  |
|                                   | the organization answered "Yes" on Form 990, Part IV, line 37.       | the organization conception conception and the setment partnerships   | (related, unrelated, excluded from fax under sections 512-514)   |   |  |  |  |                            |  |
| INC                               | nplete if the organi   | nip through which i<br>sion for certain inv   | (c)<br>Legal domicile<br>(state or foreign<br>country)   |   |  |  |  |                            |  |
| STATIONS ,                        | <b>le as a Partnership</b> Cor                                       | ntity taxed as a partnersh<br>ructions regarding exclu  | <b>(b)</b><br>Primary activity   |   |  |  |  |                            |  |
| Schedule R (Form 990) 2015 FAMILY | Part VI Unrelated Organizations Taxable as a Partnership Complete if | Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (a)<br>Name, address, and EIN<br>of entity   |   |  |  |  |                            |  |

532164 09-08-15

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# Page 4 94-1442453

| Schedule R    | (Form 990) 2015      | FAMILY                               | STATIONS,           | INC             |                |     | 94-1442453 Page 5         |
|---------------|----------------------|--------------------------------------|---------------------|-----------------|----------------|-----|---------------------------|
| Part VII      | Supplemental         | Information<br>nformation for respon | aca ta quastiana an | Sobodulo D (ooo | (instructions) |     |                           |
|               | Provide additional I | mormation for respon                 | ses to questions or | Schedule R (See | instructions). |     |                           |
|               |                      |                                      |                     |                 |                |     |                           |
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|               |                      |                                      |                     |                 |                |     |                           |
| 532165 09-08- | 15                   |                                      |                     | 20              |                |     | Schedule R (Form 990) 201 |
| 2041018       | 769114 011           | 1050                                 | 2015.0403           | 38<br>0 FAMILY  | STATIONS,      | INC | 01110501                  |
|               |                      |                                      |                     |                 | ,              |     |                           |