			EXTENDED TO NOVEMBER 15	•		
Form	<b>99</b>	0	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			OMB No. 1545-0047
Depart	ment of the	e Treasury	Do not enter social security numbers on this form a	as it may l	pe made public.	Open to Public
Interna	Revenue	Service	Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection
A Fo	or the 2	017 calend	ar year, or tax year beginning and e	ending	1	
B CH ap	plicable:	C Name of	organization		D Employer identifica	ation number
	Address change	FAMI	LY STATIONS, INC			
	Name change	Doing b	usiness as		94-14	42453
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1350	SOUTH LOOP ROAD	130	510-5	68-6200
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,687,242.
	Amended return	ALAM	EDA, CA 94502		H(a) Is this a group ret	urn
	Applica-	F Name a	nd address of principal officer: THOMAS EVANS		for subordinates?	Yes X No
	pending	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
I Ti	ax-exem	pt status: [	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 🗌 527	1	st. (see instructions)
JW	ebsite:	► WWW.	FAMILYRADIO.ORG		H(c) Group exemption	number 🕨
K Fo	orm of or	ganization:	X Corporation Trust Association Other ►	L Year	of formation: 1958 M	State of legal domicile: CA
Pa	rtl S	Summary				
eo			be the organization's mission or most significant activities:			
Governance			TO DISCOVER, READ, TRUST & PROFESS			
/eri			x > if the organization discontinued its operations or disposed			
9					3	<u> </u>
			dependent voting members of the governing body (Part VI, line 1b)			85
ties			of individuals employed in calendar year 2017 (Part V, line 2a)			0
Activities &			of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			
	b Ne	et unrelated	business taxable income from Form 990-T, line 34			0.
	•				Prior Year	Current Year
an			and grants (Part VIII, line 1h)		4,954,986.	4,829,289.
Revenue		-	ice revenue (Part VIII, line 2g)		2,177,734.	200,000.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		507,750.	506,866.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			5,401,582.
	and the formal desire he formation		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,640,470.	<u> </u>
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		3,409,659.	3,870,853.
ses			er compensation, employee benefits (Part IX, column (A), lines 5-10)		3,409,059.	-
en			fundraising fees (Part IX, column (A), line 11e)	0.0		0.
Expen			sing expenses (Part IX, column (D), line 25)  785,3		E 220 042	
_			ses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,238,042.	5,868,955.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,647,701.	9,739,808.
20	<b>19</b> R	evenue less	expenses. Subtract line 18 from line 12		-1,007,231.	-4,338,226.
Net Assets or Fund Balances					eginning of Current Year	End of Year
Bala			(Part X, line 16)		70,683,600.	81,180,158.
et A			s (Part X, line 26)		33,648,381.	903,675.
			r fund balances. Subtract line 21 from line 20		37,035,219.	80,276,483.
Pa	art II	Signatu	e diuck			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Signatur THOM			PRESIDE	איזי		<u>e na nave</u> kap <sup>je</sup> K <sup>ari</sup>		Date			144944
, iero			****	name and title							- N = We d		
	Print/Type preparer's name				Preparer's sig	nature		Date	Check	D PTI			
Paid	ED	WARD	FAI	HEY		EDWARD	FAHEY		08/14	/18 self-emplo	oyed POO:	194561	
Preparer	Firn	n's name	▶ ]	RINA AC	COUNTANC	Y CORPOF	RATION			Firm's EIN 🕨	94-3	158857	_
Use Only	Firn	n's addres:	s 🛌 🤅	150 POS	T STREET	, SUITE	200						
					NCISCO,					Phone no. ( 4	415) 7'	77-4488	
May the II	RS d	iscuss th	is retu	urn with the p	reparer shown a	bove? (see inst	ructions)				X	Yes 🔄 No	2
700004 44 4	0.47	ιμΔ	Eor D	aperwork Re	duction Act No	tice see the se	anarate instru	ctions			Fo	rm 990 (2017	7)

32001 11-28-17

~~~~	t III Statement of Program Servic	e Accomplishments	94-1442453 Pag
	Briefly describe the organization's mission:		
	JESUS CHRIST.	IL AROUND THE WORLD I	AND TEACH THE GOSPEL OF
	Did the organization undertake any significan		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch	edule O.	Yes X
	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedul	ike significant changes in how it conduct e O.	ts, any program services?
	Describe the organization's program service a	accomplishments for each of its three lar	gest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations revenue, if any, for each program service reported and the service report.	are required to report the amount of gra	nts and allocations to others, the total expenses, and
ì	(Code: ) (Expenses \$ 6,83:	L, 167. including grants of \$	) (Revenue \$ 200,000
	DEGREE OF INTEGRITY ANI	C, FAMILY RADIO STRIV D EFFECTIVENESS IN TH	VES TO MAINTAIN THE HIGHEST HE USE OF FINANCIAL GIFTS.
	THESE GIFTS ENABLE FAM	LY RADIO TO BUILD AN	ND OPERATE A NATIONAL NETWOR
	OF POWERFUL AM AND FM S	STATIONS AND TRANSLAT	PORS THROUGHOUT THE UNITED
	TECHNOLOGY FAMILY RADIO	SATELLITE, INTERNE	AND TERRESTRIAL RADIO
	COUNTRIES INCLUDING EU	ROPE, NORTH AFRICA AN	IN INTO MANY FOREIGN ND THE CONTINENT OF ASIA.
			THE CONTINENT OF ASIA.
	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
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	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
	(Code:) (Expenses \$	including grants of \$	) (Pevenue \$)
	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
	Other program services (Describe in Schedule		) (Revenue \$)
	Other program services (Describe in Schedule		) (Revenue \$)

15530814 769114 0111050 2017.04011 FAMILY STATIONS, INC 01110501

Form 990 (2017) FAMILY STATIONS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," 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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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?			
	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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
С	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	<u>11d</u>	_X	ļ
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," <i>complete Schedule D, Part X</i>	11f	X	
IZd	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10.		x
ь	Schedule D, Parts XI and XII	_12a		<u> </u>
2	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			
46	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			**
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
19	complete Schedule G, Part III	19		x

Form 990 (2017)

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Form 990 (	2011	FAMILY	STATIONS,	INC
Part IV	Checklist o	of Required So	hedules (continue	ed)

SAMPLE AND A

94-1442453 Page 4

			Yes	No
20a	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		
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? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	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	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part 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			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28a</u>		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			×7
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
51		04		v
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
02		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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			- 23
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2017)

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	990 (2017) FAMILY STATIONS, INC 94-1442	453	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance	200		<u>xgo 🗢</u>
	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 97		103	
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 reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	}
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	- 23	<u> </u>
	filed for the calendar year ending with or within the year covered by this return 2a 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	215		- 23
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		- 43
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	Į		
11	Section 501(c)(12) organizations. Enter:		-	
а	Gross income from members or shareholders	ļ	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	ļ	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c		ļ	ļ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
		Forn	1 <b>990</b>	(2017)

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Bettern A. Governing Body and Management       Yr         1a Enter the number of voting members of the governing body at the end of the tax year       In       In<		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI					
1a       Enter the number of voting members of the governing body at the end of the tax year       1a       4         11 three are endered inferences on voting firsts and presents of the governing body. of the governing body at the endered in the 1a, above, who are independent       1b       3         2       Did any officer, director, trustes, or key employee?       2       1b       1b       3         3       Did the organization delegate control over meagement duries customarily performed by or under the direct supervision of officers, directors, or trustes, or key employee?       3       4         4       Did the organization become avaited during the year of a significant charges or to be one or more memory on the governing body?       5       6         6       Did the organization become avaited during the year of a significant charges or to be one or more memory of the governing body?       6       7         7a       Did the organization become avaite during the year of a significant charges or to be one or more memory of the governing body?       7a       7a         7b       Bid the organization become avaite during the year of a significant charges or the organization become avaite during the network of the governing body?       7b         7b       Bid the organization become avaite during the network of the governing body?       7b         7b       Bid the organization become avaite the meetings bid or written actions ariset take during the year by the following?       7b <tr< th=""><th>ior</th><th>A. Governing Body and Management</th><th></th><th></th><th></th><th></th><th></th></tr<>	ior	A. Governing Body and Management					
If there are intelled differences in voltage offices and the governing body deligates these authors for the or solutize controls, explain is Schedule 0.       1b       3         2       Did any officer, director, trustee, or key employee have a family relationship or a business realionship with any other       2         3       Did any officer, director, trustee, or key employees have a family relationship or a business realionship with any other       2         3       Did the organization deligate control over management ductes customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management duvesion of the organization base measures down have on the special of the organization have members or stockholders?       3         4       Did the organization have members, stockholders, or other person's who had the power to elect or appoint one or more members of the organization have members, stockholders, or other person's who had the power to elect or appoint one or more members of the organization have members, stockholders, or other person's who had the power to elect or appoint one or more members, or stockholders, or other person's dub tag overning body?       7a         5       Did the organization neurometape bid or within actions understain during the year by the fallowing:       7a         6       The overning body?       7a       7a         7a       Did the organization neurometape and of the governing body?       7a         7b       Be organization overning body?       7a         7b       The governing body? </th <th></th> <th></th> <th>1 1</th> <th></th> <th></th> <th>Yes</th> <th>1</th>			1 1			Yes	1
body delegated tread authority to an executive committee or similar committee, organin is Schedule 0.       1b       3         2       Did any officer, director, trustice, or key employee have a family relationship or a business relationship with any other officer, director, trustice, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other preson?       3         2       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other preson?       3         3       Did the organization have mathesrs, stockholders, or other preson who had the power to elect or appoint one or more members or stockholders, or other presons who had the power to elect or appoint one or more members or discolvance!       6         7       Did the organization have mathesr, stockholders, or other presons who had the power to elect or appoint one or more members or discolvance!       70         8       Did the organization call and bahaff of the governing body?       8a       2         9       Did the organization take within a stock and the names and addresses in Schedule 0       9         9       Is there any officer, director, trustee, or key employee listed in Part VII. Secton A who cannot be reached at the organization have incide chapters, branches, or affiliates?       10         9       Is there any officer, director, trustee, or key employee isted names and addresses i			_1a		4		
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<ul> <li>b f<sup>1</sup> Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>10 11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>11 Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12 Did the organization regularity and consistently monitor and enforce compliance with the policy? <i>II</i> "Yes," <i>describe</i> in <i>Schedule O how this was done</i></li> <li>12 Did the organization nave a written whisteblower policy?</li> <li>13 Did the organization have a written whisteblower policy?</li> <li>14 Did the organization have a written whisteblower policy?</li> <li>14 Did the organization have a written whisteblower policy?</li> <li>14 Did the organization have a written whisteblower policy?</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the organization have a written document retention and destruction policy?</li> <li>16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>16 If "Yes," did the organization low a written policy or procedure requiring the organization to evaluate its participation in joint venture arangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>16 Did the states with which a copy of this Form 990 is required to be filed ▶CA, FL, MN, TN, VA, WI</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501c)(3)(s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>16 Ot</li></ul>						Yes	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hi	hest Compensated
Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employe	es
1a Complete this table for all persons required to be listed. Report compensation for the calendar ye	ar 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) Name and Title	(B) Average hours per	box	not cl , unie:	ss pe	ition more rson	than is bot	h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SUSAN ESPINOZA	10.00							_	_	
SECRETARY/TREASURER	10.00	X		X				0.	0.	0.
(2) THOMAS EVANS	40.00	37		37				100 011	0	6 0 7 0
PRESIDENT	10.00	X		X				123,811.	0.	6,978.
(3) JIM GROARK DIRECTOR	10.00	x						0.	0.	0.
(4) ALLEN FILL	10.00							<u>.</u>		<u>U.</u>
DIRECTOR		Х						0.	0.	0.
······································		†   								
		-								

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Form 990 (2017) FAMILY S'	TATIONS	<u> </u>	ENC	<u> </u>					94-14	424	53	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>iH</u>	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average			<b>(C</b> Posi heck	ל) ition	1		(D) Reportable	<b>(E)</b> Reportable		(F) Estima	
	hours per week			iss pei 1d a d				compensation from	compensation	n	amour	
	(list any	ctor						the	from related organizations		oth compen	
	hours for related	or dire	93			ated		organization	(W-2/1099-MIS		from	
	organizations	rustee	1 truste		99	npens		(W-2/1099-MISC)			organiz	
	below	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee	er				and rel organiza	
	line)	Indiv	Instit	Officer	Key e	Highe	Former				organiza	10113
			ļ			<u> </u>						
									·			
		-										
												~ <u></u>
		L										
												·
			-									
		1										
1b Sub-total							>	123,811.		0.	6,	978.
c Total from continuation sheets to Part V	I, Section A			,				0.		0.		0.
d Total (add lines 1b and 1c)		<u></u>	<u></u>					123,811.		0.	6,	978.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wh	io re	eceived more than \$100	,000 of reportable	÷		1
											Ye	s No
3 Did the organization list any former officer,	director, or tru	ustee	ə, ke	ey en	nplo	yee,	or ł	highest compensated er	mployee on	[		
line 1a? If "Yes," complete Schedule J for s	uch individual									L_	3	X
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	tior	n and	d oth	ner compensation from	the organization			
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J fi	or such individual			4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsati o / f		rom	any	unr	elate	ed organization or indivi	dual for services		_	37
Section B. Independent Contractors	piete denedur	607	01 50		0613	son .					5	<u> </u>
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ontr	acto	ors th	hat received more than	\$100.000 of comr	pensat	ion from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	npensat	ion
AMERICAN TOWER CORP								FOWER LEASE				
PO BOX 7247, PHILADELPHIA		11	/0					STATIONS AND			274,	150.
PACIFIC OFFICE AUTOMATION			- 1					PRINTING & B	ULK		0.4.0	
PO BOX 51043, LOS ANGELES BOUTIN JONES, INC., 555 (	<u>דרשד גר, כא פו</u>	JU: M7					<u>n</u>	MAILING			243,	378.
SUITE 15, SACRAMENTO, CA	95814	LTC	7.1.1	J,			h	LEGAL SERVIC	FC		1 5 0	
ACCOUNTEMPS	<u></u>						<u>µ</u>	DEGALI DERVIC.	<u> </u>		158,	500.
PO BOX 743295, LOS ANGELI	ES, CA 8	300	)74	1			h	CEMP PERSONN	EL		144,	161.
AURIGA TECHNOLOGY LLC							ľ					<u></u>
PO BOX 20892, CASTRO VAL								DUTSOURCED I			140,	829.
2 Total number of independent contractors (i		ot lir	nite	d to			sted	above) who received m	ore than			
\$100,000 of compensation from the organi	zation 🕨				, , , , , , , , , , , , , , , , , , ,	2					000	

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t VIII	Statement of Reven	<u>Y STATIO</u> ue				94-1442	2453 Page
	Check if Schedule O conta	ins a response o	or note to any line	in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
1 a	Federated campaigns	1a					012 014
	Membership dues						
	Fundraising events						
	Related organizations						
е	Government grants (contributi	ons) <b>1</b> e					
f	All other contributions, gifts, grant	s, and					
	similar amounts not included abov	re 1f	4,829,289.				
g	Noncash contributions included in lines	1a-1f: \$					
	Total. Add lines 1a-1f			4,829,289.			
			Business Code				
2 a	BROADCASTING		515100	200,000.	200,000.		
b				<i>.</i>			
c							-
d		,					
e	······································						
f	All other program service reve	านอ					
	Total. Add lines 2a-2f			200.000.			
3	Investment income (including						
	other similar amounts)			1,427.			1,4
4	Income from investment of tax						<u>_</u>
5	Royalties		·	9,167.			9,1
	,	(i) Real	(ii) Personal	-,±v/.	· · · · · · · · · · · · · · · · · · ·		
6 a	Gross rents						1
	Less: rental expenses	<u>490,009.</u> 0.					Lasoren
	Rental income or (loss)	498,609.					
			►	498,609.			498.6
	Gross amount from sales of	(i) Securities	(ii) Other		· · · · · · · · · · · · · · · · · · ·		490,0
	assets other than inventory		148,750.				
b	Less: cost or other basis		120,100.				
	and sales expenses		284,750.				
c	Gain or (loss)		-136,000.				
	Net gain or (loss)			-136,000.			-136,0
	Gross income from fundraisin		P*				
<i>~ ~</i>	including \$						
	contributions reported on line						
	Part IV, line 18						
b	Less: direct expenses	h	910.				
	Net income or (loss) from func			-910.			- 9
	Gross income from gaming ac				1		
	Part IV, line 19						
b	Less: direct expenses						
	Net income or (loss) from gam						
	Gross sales of inventory, less		·····				
	and allowances						
b	Less: cost of goods sold						
	Net income or (loss) from sale						
<u>~</u>	Miscellaneous Revenu		Business Code				
11 a							
b							
c c							
	All other revenue						
	Total. Add lines 11a-11d						
е 12	Total revenue. See instructions.			E 401 500			
	iviai ievenue. Dee monuuluis.			5,401,582,	200,000.		. 372.2

9 15530814 769114 0111050 2017.04011 FAMILY STATIONS, INC 01110501

## Form 990 (2017) FAMILY STATIONS, INC Part IX Statement of Functional Expenses

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## 94-1442453 Page 10

~	Check if Schedule O contains a respons				L
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
0					
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 700			
	trustees, and key employees	130,789.		130,789.	
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	2,978,528.	2,204,568.	606,704.	167,256
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	221,018.	135,435.	80,342.	5,241
10	Payroll taxes	540,518.	261,178.	259,379.	19,961
11	Fees for services (non-employees):				
а	Management				
b	Legal	237,007.	161,560.	75,447.	,
c	Accounting	74,580.	2,580.	72,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	69,094.	66,771.	2,323.	
12	Advertising and promotion	10,938.	2,150.	7,432.	1,356
13	Office expenses	1,034,657.	470,402.	154,801.	409,454
14	Information technology	137,492.	123,049.	14,443.	100,101
15	Royalties			<u> </u>	
16	Occupancy	98,187.	73,098.	25,089.	
17	Travel	114,354.	71,573.	41,379.	1,402
18	Payments of travel or entertainment expenses		11,313.	<u><u> </u></u>	1,402
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,073.	3,811.	1,262.	
19 20			J, OTT +	1,404.	
20	Payments to affiliates				
21	Depreciation, depletion, and amortization	630,460.	427,325.	179,574.	23,561
22		63,374.	<u>427,525</u> . 26.		23,301
	Insurance Other expenses. Itemize expenses not covered	03,3/4.	۷۵.	63,348.	
24	above. (List miscellaneous expenses in the 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL	1,528,823.	1,352,874.	46,643.	129,306
b	BROADCAST UTILITIES	618,837.	539,638.	79,199.	129,300
c c	MONITOR AND SERVICE TRA	395,626.	371,475.	24,151.	0
d		275,185.	153,341.	121,844.	
	All other expenses	575,268.	410,313.	137,104.	07 OF1
25	Total functional expenses. Add lines 1 through 24e	9,739,808.	6,831,167.	2,123,253.	<u>27,851</u> 785,388
25 26	Joint costs. Complete this line only if the organization	۵۰۵۰ و د ۱٫ د	0,001,10/.	4,143,433.	105,388
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

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10 2017.04011 FAMILY STATIONS, INC Form 990 (2017)

## Form 990 (2017) FAMILY STATIONS, INC

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 13,240,608. 25,127,544. 1 2 Savings and temporary cash investments 28,109. 2 19,845. 3 Pledges and grants receivable, net 3 Accounts receivable, net 65,041. 4 21,007. 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 339,624. 2,237,955. 7 7 Inventories for sale or use 12,530. 8 12,530. 8 Prepaid expenses and deferred charges 198,599. 238,133. 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 31,986,595. 10a 14,900,505. b Less: accumulated depreciation \_\_\_\_\_ 10b 16,484,805. 17,086,090. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 38,415,953. 38,335,385. 15 Other assets. See Part IV, line 11 15 81,180,158. 70,683,600. Total assets. Add lines 1 through 15 (must equal line 34) .... 16 16 Accounts payable and accrued expenses 564,487. 568,812. 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 333,862. 333,862. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 1,001. 33,648,381. 903,675. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here **b** complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 37,035,219. 80,276,483. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 80,276,483. 81,180,158. Total net assets or fund balances 37,035,219. 33 33 70,683,600. 34 Total liabilities and net assets/fund balances .... 34 Form 990 (2017)

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11 2017.04011 FAMILY STATIONS, INC

	990 (2017) FAMILY STATIONS, INC	94-14	42453	Pac	ne <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,403	1,5	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,73		
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,03		
5	Net unrealized gains (losses) on investments	5			83.
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	47,58	0,5	73.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	80,27	6,4	83.
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 reviewe	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 separa	te basís,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Ų			
	Act and OMB Circular A·133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		اليبيب ويتبر ويستعسب فيستعسب		<u> </u>
			Form	990	(2017)

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SCHEDULE A								OMB No. 1545-0047
(Form 990 or 990-EZ)			ity Status and zation is a section 501				-	2017
	001		7(a)(1) nonexempt char			or a section		2017
Department of the Treasury Internal Revenue Service			ttach to Form 990 or F					Open to Public
Name of the organizati		ao to www.irs.gov/	Form990 for instructio	ns and th	e latest ir	formation.	Employer	Inspection identification number
		Y STATION	S, INC					<u>4-1442453</u>
Part I Reason	for Public C	harity Status (A	Il organizations must co	mplete thi	s part.) Se	e instructior	I <u></u> IS.	<u>+</u>
The organization is not a								
			n of churches described			)(A)(i).		
			Attach Schedule E (Form			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3 A hospital or	a cooperative h	ospital service orga	nization described in se	ction 170	(b)(1)(A)(ii	i).		
4 A medical res	search organizat	ion operated in cor	ijunction with a hospital	described	in section	n 170(b)(1)(A	(iii). Enter	the hospital's name,
city, and stat							• • • • • • • • • • • • • • • • • • • •	
5 An organizat	ion operated for	the benefit of a col	lege or university owned	or operat	ed by a go	overnmental	unit describ	ed in
	<b>(b)(1)(A)(iv).</b> (Co							
			ental unit described in s					
			ntial part of its support fi	om a gove	ernmental	unit or from	the general	public described in
	( <b>b)(1)(A)(vi).</b> (Cor	, ,						
			1)(A)(vi). (Complete Part					
			in section 170(b)(1)(A)(i					
	or a non-land-gra	ant college of agricu	ulture (see instructions).	Enter the	name, city	, and state o	of the colleg	e or
university:								
			than 33 1/3% of its sup					
			t to certain exceptions,					
	509(a)(2). (Com		(less section 511 tax) fro	m busine:	sses acqu	irea by the c	rganization	after June 30, 1975.
[ <b>1</b> ].		•	vely to test for public sa	faty San	nation El			
······			vely for the benefit of, to	-			arn out the	purposes of one or
			d in section 509(a)(1) of					
			f supporting organization		,			HECK THE DOX III
			upervised, or controlled					aivina
			gularly appoint or elect a					
		mplete Part IV, Se						appertuig
[]			or controlled in connect	ion with it	s support	ed organizat	ion(s), by ha	vina
			anization vested in the s					0
organizatio	on(s). You must	complete Part IV,	Sections A and C.					
c 📃 Type III fu	nctionally integ	rated. A supporting	g organization operated	in connec <sup>.</sup>	tion with, a	and function	ally integrate	ed with,
its support	ted organization	(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🔄 Type III no	on-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supp	orted organi	zation(s)
	-		ation generally must sat	,			nd an attent	iveness
			nplete Part IV, Sections					
e Check this	s box if the orga <mark>r</mark>	nization received a v	written determination fro	m the IRS	that it is a	. Туре I, Тур	e II, Type III	
			nally integrated support		zation.			(
					•••••			
g Provide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(IV) is the orga	nization listed	(v) Amount	fmonotory	(vi) Amount of other
organizatio		(a) Env	(described on lines 1-10	in your governi	ng document?		,	support (see instructions)
			above (see instructions))	Yes	No			
					L			
Total								
				000 53		<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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#### Schedule A (Form 990 or 990-EZ) 2017 FAMILY STATIONS, INC Part II Support Schedule for Organizations Described in S

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,252,378.	5,414,605.	6,173,304.	4,954,986.	4,829,289.	26,624,562.
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	5,252,378.	5 414 605.	6,173,304.	4,954,986.	4,829,289.	26,624,562.
	The portion of total contributions	· · · · · · · · · · · · · · · · · · ·					10,021,002.
	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.						26 624 562.
	tion B. Total Support	4	***************************************				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	5,252,378.	5,414,605.	6,173,304.	4,954,986.	4,829,289.	26,624,562.
	Gross income from interest,						///
	dividends, payments received on						
	securities loans, rents, royalties,			and the second se			
	and income from similar sources	299,880.	281,463.	455,071.	508,434.	509,203.	2,054,051.
9	Net income from unrelated business		<i>I</i>				
	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							28,678,613.
12	Gross receipts from related activities.	etc. (see instruction	ons)			12	200,000.
	First five years. If the Form 990 is fo						
	organization, check this box and stor	-			-		
Se	ction C. Computation of Publ			<u> </u>			
14	Public support percentage for 2017 (	line 6, column (f) d	vided by line 11, c	olumn (f))		14	92.84 %
	Public support percentage from 2016					15	94.09 %
	33 1/3% support test - 2017. If the					nore, check this bo	
	stop here. The organization qualifies						
Ł	33 1/3% support test - 2016. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	' test. The organiza	tion qualifies as a	publicly supported	organization		
ł	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization		0		0		

Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990-EZ) 2017 FAMILY STATIONS, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		plotoractily				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	
	Gifts, grants, contributions, and		(	(0) 2010	(0) 2010	(e) 2017	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					-	
3	Gross receipts from activities that				-	-	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	<b>a</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						1
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						C.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ł	> Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					_	
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation.
	check this box and stop here						
	ction C. Computation of Public		~				
15	Public support percentage for 2017 (lin	ne 8, column (f) d	livided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016 S	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 201	i <b>7</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 20					18	%
19a	a 33 1/3% support tests - 2017. If the c						17 is not
	more than 33 1/3%, check this box and						• • •
Ł	<b>33 1/3% support tests - 2016.</b> If the c						
	line 18 is not more than 33 1/3%, chec	k this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	
	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	structions	▶□
7320	23 10-06-17				Sch	nedule A (Form 990	or 990-EZ) 2017

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#### Schedule A (Form 990 or 990 EZ) 2017 FAMILY STATIONS, INC Part IV Supporting Organizations

2

За

Зb

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

#### Section A. All Supporting Organizations

- 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 qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- 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 12a or 12b 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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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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Schedule A (Form 990 or 990-EZ) 2017

Schee	dule A (Form 990 or 990 EZ) 2017 FAMILY STATIONS, INC	94-144245	3 Pa	ige 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	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		
	A family member of a person described in (a) above?	11b	l	
	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		T	
		r	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.	11		
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		<u> </u>
Sec	tion C. Type II Supporting Organizations			
		r	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			
		P	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		ļ
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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructior	15).	· · · · · · ·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
з	Parent of Supported Organizations. Answer (a) and (b) below.			
а				-
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule	e A (Form 990 or 9	990-EZ	2017

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School Pa	Adule A (Form 990 or 990 EZ) 2017 FAMILY STATIONS, INC rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	~ 0	(	94-1442453 Page 6
1	Check berg if the organization activitien activitient and the late and David (3) Supportin	g Organ	izations	
,	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must co	g trust on N	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	early type in non-taneauriany integrated supporting organizations must co	mplete Sea	ctions A through E.	(7) 7
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	-^	······································
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting or	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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	Part V					Trated E00(a	
5	Schedule A	۲ (Form 99	90 or 990-EZ	02017 F	AMILY	STATION	S TNC

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- u	ijpe mitter i unodoriuny micgrated 508	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	······		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
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 t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			······································
2	Underdistributions, if any, for years prior to 2017 (reason-			·····
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
	From 2016			
~~~~~	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D.			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
Ű	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6				
0	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
~	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013		1	
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 FAMILY STATIONS, INC 94-1442453 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) 732028 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 20

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

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~	7	<b>.</b>	<u>*</u> ±	÷±	L	4	Э	2

Organ	ization	type	'check	one)
	in a ci o i i	UPV I	011004	01101

Filers of:	Section:
Form 990 or 990-EZ	$\mathbf{X}$ 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC

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

FAMILY STATIONS.

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

#### General Rule

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

#### Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of org	ganization	Employ	er identification number
FAMIL	Y STATIONS, INC	94	-1442453
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 3
Name of organization	Employer identification number
FAMILY STATIONS, INC	94-1442453

#### FAMILY STATIONS, INC

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

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

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	(Form 990, 990-EZ, or 990-PF) (2017)			Page <b>4</b>
Name of orga	anization			Employer identification number
FAMILY	STATIONS, INC			94-1442453
Part III	STATIONS, INC Exclusively religious, charitable, etc., contribut the year from any one contributor. Complete colu completing Part III, enter the total of exclusively religious, cf	mos (a) inrough (e) and the follow	IDD UDP COTTY, For organization	ne
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	t	
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from				aviation of how rift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif 1 ZIP + 4		ransferor to transferee
723454 11-0	1-17		Schedul	e B (Form 990, 990-EZ, or 990-PF) (2017
		24		

15530814 769114 0111050 2017.04011 FAMILY STATIONS, INC 01110501

	990) ent of the Treasury Revenue Service	Complete if the org. Part IV, line 6, 7, 8, 9, 10	Al Financial Statemen anization answered "Yes" on Form 9 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990. 90 for instructions and the latest info	90, 12b.		2017 Den to Public spection
	of the organization	Go to www.irs.gov/Forms.	to the instructions and the latest mit		Employer identif	
		FAMILY STATIONS, I				142453
art	I Organizati	ons Maintaining Donor Advise	d Funds or Other Similar Fur	nds or Acc	counts.Comple	ete if the
	organization a	nswered "Yes" on Form 990, Part IV, lir	ie 6.			
			(a) Donor advised funds	(b)	Funds and other	accounts
1	Total number at end	of year				
		ontributions to (during year)				
3	Aggregate value of g	rants from (during year)				
		nd of year				
		inform all donors and donor advisors in		dvised funds		
	are the organization's	s property, subject to the organization's	exclusive legal control?		ΓY	res 🗌 N
		inform all grantees, donors, and donor a				
	0	es and not for the benefit of the donor	5 5			
	impermissible private				° —	res 🗌 N
Par		ion Easements. Complete if the or				
1	· · · · · · · · · · · · · · · · · · ·	vation easements held by the organizat	•			
		f land for public use (e.g., recreation or		historically in	nportant land are	a
	Protection of r		Preservation of a			-
	Preservation o					
2		rough 2d if the organization held a qual	fied conservation contribution in the fo	orm of a cons	servation easeme	ont on the last
-	day of the tax year.				1	nd of the Tax Ye
~		servation easements			2a	
					2b	
b		ted by conservation easements		1		
		tion easements on a certified historic st			2c	
d		tion easements included in (c) acquired				
		Register			2d	
3		tion easements modified, transferred, re	eleased, extinguished, or terminated by	y the organiz	ation during the t	ax
	year 🕨					
		nere property subject to conservation ea	·····	-		
5	0	on have a written policy regarding the pe	5, T , S			
		cement of the conservation easements	it holds?			Yes 🔄 N
6	Staff and volunteer I				n easements durir	na the vear
0		nours devoted to monitoring, inspecting	, handling of violations, and enforcing	conservation		5 7
0	▶	nours devoted to monitoring, inspecting	, handling of violations, and enforcing	conservation		5
7	▶	nours devoted to monitoring, inspecting s incurred in monitoring, inspecting, har				
	▶	_				
	Amount of expenses	_	dling of violations, and enforcing cons	ervation eas	ements during th	
7	Amount of expenses \$ Does each conservation	 s incurred in monitoring, inspecting, har	dling of violations, and enforcing cons	ervation eas 170(h)(4)(B)(	ements during th	e year
7 8	Amount of expenses \$ \$ Does each conserva and section 170(h)(4	 s incurred in monitoring, inspecting, har  ation easement reported on line 2(d) abo	dling of violations, and enforcing cons	ervation eas 170(h)(4)(B)(	ements during th i)	e year Yes III
7 8	Amount of expenses \$ Does each conserva and section 170(h)(4 In Part XIII, describe	s incurred in monitoring, inspecting, har ation easement reported on line 2(d) abo t)(B)(ii)?	dling of violations, and enforcing cons we satisfy the requirements of section tion easements in its revenue and exp	ervation ease 170(h)(4)(B)( ense stateme	ements during th i) ent, and balance	e year Yes III sheet, and
7 8 9	Amount of expenses Amount of expenses \$ Does each conserva and section 170(h)(4 In Part XIII, describe include, if applicable conservation easem	ation easement reported on line 2(d) abo (b)(b)(ii)? to we the organization reports conserva to the text of the footnote to the organization thents.	dling of violations, and enforcing cons we satisfy the requirements of section tion easements in its revenue and exp ation's financial statements that descri	ervation ease 170(h)(4)(B)( ense stateme ibes the orga	ements during th i) ent, and balance unization's accour	e year Yes III sheet, and nting for
7 8 9	Amount of expenses Amount of expenses \$ Does each conserva and section 170(h)(4 In Part XIII, describe include, if applicable conservation easem	ation easement reported on line 2(d) abo (b)(b)(ii)? how the organization reports conserva b, the text of the footnote to the organiz	dling of violations, and enforcing cons we satisfy the requirements of section tion easements in its revenue and exp ation's financial statements that descri	ervation ease 170(h)(4)(B)( ense stateme ibes the orga	ements during th i) ent, and balance unization's accour	e year Yes III sheet, and nting for
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7 8 9 Par	Amount of expenses Amount of expenses Does each conserva and section 170(h)(4 In Part XIII, describe include, if applicable conservation easem <b>t III</b> Organizat Complete if t If the organization e historical treasures, the text of the footn If the organization e	ation easement reported on line 2(d) about the organization reports conservate, the text of the footnote to the organization answered "Yes" on Formitted under SFAS 116 (A or other similar assets held for public existence, as permitted under SFAS 116 (A similar assets held for public existence, as permitted under SFAS 116 (A similar assets held for public existence).	dling of violations, and enforcing cons we satisfy the requirements of section tion easements in its revenue and exp ation's financial statements that descri <b>of Art, Historical Treasures, o</b> m 990, Part IV, line 8. SC 958), not to report in its revenue s shibition, education, or research in furt ribes these items. SC 958), to report in its revenue state	ervation ease 170(h)(4)(B)( ense stateme ibes the orga or Other S tatement and herance of p ment and ba	ements during th i) ent, and balance unization's accour imilar Assets d balance sheet work lance sheet work	e year Yes I sheet, and nting for vorks of art, vorks of art, vide, in Part XI s of art. histori
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7 8 9 1a b 2 2	Amount of expenses Amount of expenses Does each conservation and section 170(h)(4 In Part XIII, describe include, if applicable conservation easem <b>t III</b> Organization Complete if t If the organization et historical treasures, the text of the footn If the organization et treasures, or other size relating to these iter (i) Revenue included If the organization ret the following amount Revenue included of	ation easement reported on line 2(d) about the organization reports conservate, the text of the footnote to the organization answered "Yes" on Former Statements and the organization answered "Yes" on Former Statements that describe to its financial statements that describe to its financial statements that describe to its financial statements that describe to a permitted under SFAS 116 (A similar assets held for public existent as the organization answered "Yes" on Former Statements that describe to its financial statements that describe to its financial statements that describe to mean the organization and the organization and the organization and the organization answered "Yes" on Former Statements that describe to its financial statements that describe to the organization as the described on Form 990, Part VIII, line 1	Idling of violations, and enforcing cons we satisfy the requirements of section tion easements in its revenue and exp ation's financial statements that descri- of Art, Historical Treasures, or m 990, Part IV, line 8. SC 958), not to report in its revenue st chibition, education, or research in furt ribes these items. SC 958), to report in its revenue state education, or research in furtherance of easures, or other similar assets for fina 116 (ASC 958) relating to these items:	ervation ease 170(h)(4)(B)( ense stateme ibes the orga or Other S tatement and herance of p ment and ba of public serv ancial gain, p	ements during th i) ent, and balance inization's accour imilar Assets d balance sheet v ublic service, pro lance sheet work ice, provide the f \$ \$ s s	e year Yes I sheet, and nting for vorks of art, vorks of art, vorks of art, s of art, histori ollowing amou
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7 8 9 1a 1a b 2 a HA	Amount of expenses Amount of expenses Does each conserva and section 170(h)(4 In Part XIII, describe include, if applicable conservation easem <b>t III</b> Organizat Complete if t If the organization e historical treasures, the text of the footn If the organization e treasures, or other s relating to these iter (i) Revenue included If the organization re the following amoun Revenue included on Assets included in F	ation easement reported on line 2(d) about the organization reports conservate, the text of the footnote to the organization answered "Yes" on Former Statements and the organization answered "Yes" on Former Statements that describe to its financial statements that describe to its financial statements that describe to its financial statements that describe to a permitted under SFAS 116 (A similar assets held for public existent as the statements that describe to a permitted under SFAS 116 (A similar assets held for public existent assets held for public exhibition, ms: and on Form 990, Part VIII, line 1 the form 990, Part X assets and the protect and the statement of the form 990, Part VIII, line 1 the former 990, Part VIII, line 1 the former 990, Part VIII, line 1	Idling of violations, and enforcing cons we satisfy the requirements of section tion easements in its revenue and exp ation's financial statements that descri- of Art, Historical Treasures, or n 990, Part IV, line 8. SC 958), not to report in its revenue si shibition, education, or research in furt ribes these items. SC 958), to report in its revenue state education, or research in furtherance of easures, or other similar assets for fina 116 (ASC 958) relating to these items:	ervation ease 170(h)(4)(B)( ense stateme ibes the orga or Other S tatement and herance of p ment and ba of public serv ancial gain, p	ements during th i) ent, and balance inization's accour imilar Assets d balance sheet work ice, provide the f \$ s rovide \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e year Yes IN sheet, and nting for vorks of art, vorks of art, vorks of art, s of art, histori ollowing amou

Sched Part		STATIONS, 1		orical Tr	0011100 0	r Othor			53 Page 2
L	Jsing the organization's acquisition, accessio					And the second sec			
	check all that apply):	n, and other record.	5, 0100N	any of the	tonowing that	are a sign	incant use of i	LS CORECT	ion kenis
а	Public exhibition	d		oan or ave	hange progra	me			
	Scholarly research	e			nange progra				
b	Preservation for future generations	e			·····				
¢		lections and surfai		an fruitaar ti			t nu von anna in F	2	
	Provide a description of the organization's co			P				an Ain.	
	During the year, did the organization solicit o								
Par	to be sold to raise funds rather than to be ma <b>EXECTOW AND Custodial Arran</b> reported an amount on Form 990, Par	gements. Comple						<u>Yes</u> IV, line 9,	or No
<b>1</b> a	Is the organization an agent, trustee, custodi	an or other intermed	liary for (	contribution	is or other as	sets not ind	cluded		
	on Form 990, Part X?							Yes	
	If "Yes," explain the arrangement in Part XIII								
2			J					Amo	unt
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on F							Yes	N
	If "Yes," explain the arrangement in Part XIII.						· · · · · · · · · · · · · · · · · · ·		
Par								<u></u>	
		(a) Current year		rior year	(c) Two year		) Three years ba	ick (e) F	Our years back
1a	Beginning of year balance			for Jour	101				eer joure ster
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								·····
e									
,	and programs								
	Administrative expenses								
g	End of year balance		1			l			
2	Provide the estimated percentage of the cur		ce (line 1	g, column (	a)) neio as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administe	ered for the	organization		
	by:								Yes No
	(i) unrelated organizations								
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiz				?			3	b
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pa	t VI Land, Buildings, and Equip								
	Complete if the organization answere			1		I and the second s			
	Description of property	(a) Cost or o			st or other s (other)		umulated eciation	(d) E	Book value
		basis (invest	ment)	Dasis		Juepr	GUIAUUII		
1a	Land			12 0	10 770	C.	60 200	10 1	071 /00
	Buildings				$\frac{40,779}{502}$		<u>69,280.</u>		271,499
С	Leasehold improvements				<u>92,592.</u>		<u>25,755.</u>		<u>166,837</u>
d	Equipment						05,470.		330,840
	Other				16,914.				<u>316,914</u>
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colui	mn (B), line	10c.)		· · · · · · · · · · · · · · · · · · ·	$\pm 1$ , (	)86,090

Schedule D (Form 990) 2017

732052 10-09-17

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
I) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 📗			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, line 1	
	Description		(b) Book value
	MORTIZATION		38,168,851
(2) DEPOSITS			58,781
(3) CHARITABLE REMAINDER UNITH	RUSTS		107,753
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶ 38,335,385
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, I		K, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) LT LIABILITIES		1,001.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		1,001.	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2017

732053 10-09-17

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	dule D (Form 990) 2017 FAMILY STATIONS, INC			94-	1442453 Page 4
Par			ith Revenue per F	letur	n.
	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	53,682,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
а	Net unrealized gains (losses) on investments		-1,084.	_	
b	Donated services and use of facilities			-	
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	_2d	48,282,438.		
е	Add lines 2a through 2d			2e	48,281,354.
3	Subtract line 2e from line 1			3	5,401,582.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,401,582.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Vith Expenses per	Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	9,429,287.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	_2d	-310,521		
e	Add lines 2a through 2d			2e	-310,521.
3	Subtract line 2e from line 1			3	9,739,808.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,739,808.

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, 2017 AND DECEMBER 31, 2016, 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 732054 10-09-17
Schedule D (Form 990) 2017

Schedule D (Form 990) 2017         FAMILY STATIONS, INC           Part XIII         Supplemental Information (continued)	94-1442453 Page 5
APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS	S. THE
ORGANIZATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXA	AMINATION BY FEDERAL
AND STATE TAXING AUTHORITIES FOR THREE AND FOUR YEARS F	RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
TRANSFER OF ASSETS UPON DISSOLUTION	48,282,438.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
IMPAIRMENT LOSS	-310,521.
	Schedule D (Form 990) 2017
732055 10-09-17 29 5530814 769114 0111050 2017.04011 FAMILY STATIONS	

(			vities Outside the Un		OMB No. 1545-0047
	Complete if t	he organization	answered "Yes" on Form 990, Part ► Attach to Form 990.	IV, line 14b, 15, or 16.	ZUI/ Open to Public
Department of the Treasury Internal Revenue Service	Go to v	vww.irs.gov/Fo	rm990 for instructions and the latest	information.	Inspection
Name of the organization				Employer id	entification number
FAMILY STATIONS	, INC			94-144	2453
		ctivities Out	tside the United States. Comple		
Form 990, Part IV					
-	-		ds to substantiate the amount of its gra the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance	e outside the
			an be duplicated if additional space is r		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the regio	expenditures for and investments
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICES	BROADCASTING	19,619.
SOUTH AMERICA	0	0	PROGRAM SERVICES	BROADCASTING	37,547.
SUB-SAHARAN AFRICA	C	0	PROGRAM SERVICES	BROADCASTING	43,800.
		-			
3 a Sub-total		0 0			100,966,
b Total from continuation					
sheets to Part I		00			0.
c Totals (add lines 3a and 3b)		0 0			100,966,

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

Schedule F (Form 990) 2017

732071 10-06-17

#### Schedule F (Form 990) 2017 FAMILY STATIONS, INC

Part II 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.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
						M. A. J		
			recognized as charities by the tion 501(c)(3) equivalency lette					
3 Enter total number of c			uon 501(c)(3) equivalency lette			······ / .		

Schedule F (Form 990) 2017

94-1442453

#### Schedule F (Form 990) 2017 FAMILY STATIONS, INC

#### 94-1442453

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional epace is peeded

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

Page 3

#### Schedule F (Form 990) 2017 FAMILY STATIONS, INC Part IV Foreign Forms

94-1442453 Page 4

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	XNo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	XNo
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	XNo
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 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

Part V Supplemental Information				94-1442453	Page
Provide the information required by	Part L line 2 (monitoring	of funde): Dart 1 line	2 column (6 /	ting mathematican to the	
investments vs. expenditures per re	gion): Part II line 1 (according	or runus), Part I, Ine	3, column (f) (accoun	ting method; amounts of	
(estimated number of reginigets), as	gion, Fartin, inte i (acco	ounting method); Par	t III (accounting metho	od); and Part III, column (c	C)
(estimated number of recipients), as	applicable, Also comple	ne this part to provid	e any additional inform	mation. See instructions.	
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					1000
32075 10-06-17		34		Schedule F (Form	1990)

والمرجوع والمراجعة بماطرة والمواجلة المماد المراجع

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 99 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info	guestions on 7117
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest inform	Open to Public
Name of the organization	FAMILY STATIONS, INC	Employer identification number $94 - 1442453$
FORM 990, PAF	RT VI, SECTION B, LINE 11B:	
A DRAFT FORM	990 IS PROVIDED TO BOARD MEMBERS FOR	REVIEW.
FORM 990, PAF	RT VI, SECTION C, LINE 19:	
THE ORGANIZAT	TION MAKES ITS GOVERNING DOCUMENTS AN	D FINANCIAL STATEMENTS
AVAILABLE TO	THE PUBLIC UPON REQUEST.	
FORM 990, PAR	RT XI, LINE 9, CHANGES IN NET ASSETS:	
IMPAIRMENT LO	DSS	-310,521.
CHANGE IN NET	I ASSETS	-391,342.
TRANSFER OF 1	NET ASSETS FROM FSI NJ	48,282,438
ROUNDING		-2
TOTAL TO FORM	M 990, PART XI, LINE 9	47,580,573.
FORM 990, PAR	RT XII, LINE 2C	
THERE HAS BEI	EN NO CHANGE IN EITHER THE AUDIT OVER	SIGHT PROCESS OR
SELECTION PRO	DCESS DURING THE TAX YEAR.	

35 15530814 769114 0111050 2017.04011 FAMILY STATIONS, INC 01110501

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Com		ons and Unrelated Pa ed "Yes" on Form 990, Part IV Attach to Form 990. 90 for instructions and the late	, line 33, 34, 35b,	36, or 37.			201 201 Open to F	17 Public
Name of the organization	FAMILY STATIC						r identii	fication r	
Part I Identification	of Disregarded Entities. Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 3	33.					
	<b>(a)</b> s, and EIN (if applicable) regarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inco	(e) ome End-of-year	assets		<b>(f)</b> controllin entity	g
Identification	et Poloted Tox, Exampt Occasio	ations. Complete if the organizati		O Dat IV line 24					
Name, a	(a) ddress, and EIN ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct cont	rolling	Section cont	<b>g)</b> 512(b)(13) trolled tity?
FAMILY STATIONS OF N 46 1473940, 289 MOUN DRANGE, NJ 07052	IEW JERSEY, INC IT PLEASANT AVENUE, WEST	RADIO BROADCASTING	NEW JERSEY	501(C)(3)	501(c)(3))			Yes	No X

732161 09-11-17 LHA

#### Schedule R (Form 990) 2017 FAMILY STATIONS, INC

#### 94-1442453 Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate ations?	Code V-UBI amount in box 20 of Schedule	General managin partner1	or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes No	>
			alan								
······											

Part IV 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	( Sec 512( conti ent	( <b>i)</b> b)(13) rolled tity?
		country						Yes	No

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Schedule R (Form 990) 2017

#### Schedule R (Form 990) 2017 FAMILY STATIONS, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?       Image: Control of Conter Conterasets from related organization(s)	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity       1a         b Gift, grant, or capital contribution to related organization(s)       1b         c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d         e Loans or loan guarantees by related organization(s)       1d         f Dividends from related organization(s)       1f         g Sale of assets to related organization(s)       1f         h Purchase of assets from related organization(s)       1g         i Exchange of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets from related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1k         l Performance of services or membership or fundraising solicitations for related organization(s)       1k         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         n Sharing of paid employees with related organization(s)       1m         n Sharing of paid employees with related organization(s)       1n         n Sharing of paid employees with related organization(s)       10	No
b       Gift, grant, or capital contribution to related organization(s)       1b         c       Gift, grant, or capital contribution from related organization(s)       1c         d       Loans or loan guarantees to or for related organization(s)       1d         e       Loans or loan guarantees by related organization(s)       1d         f       Dividends from related organization(s)       1e         f       Dividends from related organization(s)       1g         g       Sale of assets to related organization(s)       1g         h       Purchase of assets from related organization(s)       1i         i       Exchange of fassitis, equipment, or other assets to related organization(s)       1i         j       Lease of facilities, equipment, or other assets from related organization(s)       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1i         n       Performance of services or membership or fundraising solicitations for related organization(s)       1i         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1	
b       Gift, grant, or capital contribution to related organization(s)       1b         c       Gift, grant, or capital contribution from related organization(s)       1c         d       Loans or loan guarantees to or for related organization(s)       1d         e       Loans or loan guarantees by related organization(s)       1d         f       Dividends from related organization(s)       1e         f       Dividends from related organization(s)       1g         g       Sale of assets to related organization(s)       1g         h       Purchase of assets from related organization(s)       1i         i       Exchange of fassitis, equipment, or other assets to related organization(s)       1i         j       Lease of facilities, equipment, or other assets from related organization(s)       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1i         n       Performance of services or membership or fundraising solicitations for related organization(s)       1i         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1	X
c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d         e Loans or loan guarantees by related organization(s)       1e         f Dividends from related organization(s)       1f         g Sale of assets to related organization(s)       1f         h Purchase of assets from related organization(s)       1g         h Purchase of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1k         n Performance of services or membership or fundraising solicitations for related organization(s)       11         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, malling lists, or other assets with related organization(s)       1m         n Sharing of paid employees with related organization(s)       1n         p Reimbursement paid to related organization(s) for expenses       1p	X
d Loans or loan guarantees to or for related organization(s)       1d         e Loans or loan guarantees by related organization(s)       1e         f Dividends from related organization(s)       1f         g Sale of assets to related organization(s)       1g         h Purchase of assets from related organization(s)       1g         i Exchange of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1i         k Lease of facilities, equipment, or other assets from related organization(s)       1k         Performance of services or membership or fundraising solicitations by related organization(s)       11         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         n Sharing of paid employees with related organization(s)       1n         p Reimbursement paid to related organization(s) for expenses       1p	X
e       Loans or loan guarantees by related organization(s)       1e         f       Dividends from related organization(s)       1f         g       Sale of assets to related organization(s)       1g         h       Purchase of assets from related organization(s)       1g         i       Exchange of assets with related organization(s)       1h         i       Exchange of assets with related organization(s)       1i         j       Lease of facilities, equipment, or other assets to related organization(s)       1j         k       Lease of facilities, equipment, or other assets from related organization(s)       1k         l       Performance of services or membership or fundraising solicitations for related organization(s)       11         m       Performance of services or membership or fundraising solicitations by related organization(s)       11         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1n         p       Reimbursement paid to related organization(s) for expenses       1p	X
f       Dividends from related organization(s)       1f         g       Sale of assets to related organization(s)       1g         h       Purchase of assets from related organization(s)       1h         i       Exchange of assets with related organization(s)       1h         j       Lease of facilities, equipment, or other assets to related organization(s)       1i         k       Lease of facilities, equipment, or other assets from related organization(s)       1k         l       Performance of services or membership or fundraising solicitations for related organization(s)       1l         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         n       Sharing of paid employees with related organization(s)       1n         o       Sharing of paid to related organization(s) for expenses       1p	X
g Sale of assets to related organization(s)       1g         h Purchase of assets from related organization(s)       1h         i Exchange of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1j         k Lease of facilities, equipment, or other assets from related organization(s)       1k         I Performance of services or membership or fundraising solicitations for related organization(s)       11         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         p Reimbursement paid to related organization(s) for expenses       1p	
g Sale of assets to related organization(s)       1g         h Purchase of assets from related organization(s)       1h         i Exchange of assets with related organization(s)       1i         j Lease of facilities, equipment, or other assets to related organization(s)       1j         k Lease of facilities, equipment, or other assets from related organization(s)       1k         I Performance of services or membership or fundraising solicitations for related organization(s)       11         m Performance of services or membership or fundraising solicitations by related organization(s)       1m         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         p Reimbursement paid to related organization(s) for expenses       1p	X
i       Exchange of assets with related organization(s)       1i         j       Lease of facilities, equipment, or other assets to related organization(s)       1j         k       Lease of facilities, equipment, or other assets from related organization(s)       1k         l       Performance of services or membership or fundraising solicitations for related organization(s)       1l         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	X
i       Exchange of assets with related organization(s)       1i         j       Lease of facilities, equipment, or other assets to related organization(s)       1j         k       Lease of facilities, equipment, or other assets from related organization(s)       1k         l       Performance of services or membership or fundraising solicitations for related organization(s)       1l         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	X
j       Lease of facilities, equipment, or other assets to related organization(s)       1j         k       Lease of facilities, equipment, or other assets from related organization(s)       1k         l       Performance of services or membership or fundraising solicitations for related organization(s)       1l         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	X
k       Lease of facilities, equipment, or other assets from related organization(s)       1k         I       Performance of services or membership or fundraising solicitations for related organization(s)       11         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	X
I       Performance of services or membership or fundraising solicitations for related organization(s)       11         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	
I       Performance of services or membership or fundraising solicitations for related organization(s)       11         m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	x
m       Performance of services or membership or fundraising solicitations by related organization(s)       1m         n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	Х
n       Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         o       Sharing of paid employees with related organization(s)       1o         p       Reimbursement paid to related organization(s) for expenses       1p	Х
o       Sharing of paid employees with related organization(s)         p       Reimbursement paid to related organization(s) for expenses         1p	Х
p Reimbursement paid to related organization(s) for expenses1p	X
p Reimbursement paid to related organization(s) for expenses	
Opinshumament and humalated examination (a) for superson	X
q Reimbursement paid by related organization(s) for expenses	X
r Other transfer of cash or property to related organization(s)	X
s Other transfer of cash or property from related organization(s)	

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.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY STATIONS OF NEW JERSEY, INC.	S	48,282,438.	FMV
(2)			
(3)			
(4)			
(5)			
(6)	3.0		

#### Schedule R (Form 990) 2017 FAMILY STATIONS, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	Share of total income	Share of end-of-year assets	Dispropor tionate allocations Yes No		General or managing partner?	Percentage ownership
			3001013 512 514)	res No			Yes No	(i onin 1000)	Yes No	
	-									
	-									
								-		
						-				

Schedule R (Form 990) 2017

VII Supplemental Information.	94-1442453 F
Provide additional information for responses to guestions on Schedule R. See instruction	ons.
· · ·	
· · · ·	
	Schedule R (Form 99

204-2740 Magrae Starr

# Form8868<br/>(Rev. January 2017)Application for Automatic Extension of Time To File an<br/>Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

OMB No. 1545-1709

Information about Form 8868 and its instructions is at www.irs.gov/form8868	
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**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifying number		
Type or	r Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or	
print						
File by the	FAMILY STATIONS, INC			94-1442453		
due date fo filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.			Social sec	Social security number (SSN)	
return. See instruction	30					
	ALAMEDA, CA 94502					
Enter th	e Return Code for the return that this application is for (file	a separa	te application for each return)			01
Application		Return	Application		Return	
Is For		Code	Is For			Code
Form 990 or Form 990 EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
<ul> <li>If the</li> <li>If thi</li> <li>box</li> <li>1</li> <li>1</li> <li>fc</li> </ul>	request an automatic 6-month extension of time until or the organization named above. The extension is for the o X calendar year 2017 or tax year beginning	and atta nove nove nove , ar	emption Number (GEN) ach a list with the names and EINs c MBER 15, 2018 , to fil on's return for:	If this is for f all memb e the exem	r the whole g ers the exter pt organizat	nsion is for.
2 lf	the tax year entered in line 1 is for less than 12 months, ch	neck reas	son: Initial return	Final retur	n	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	enter the tentative tax, less any				
n	nonrefundable credits. See instructions.			3a	\$	0.
	If this application is for Forms 990 PF, 990 T, 4720, or 6069, enter any refundable credits and					
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
сE	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice,			8453·EO ai		9-EO for payment

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