Form 990

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

	the 201	5 calendar year, or tax year beginning 07/01.	2015, and end		0,111,000,		Inspectio
		C Name of organization	AVIO, AND EN	ang	D Employer id	06/	30, <b>20</b> 16
	if applicable;	WASATCH PUBLIC MEDIA		į	1		numper
Ar oh	ddress nange	Doing business as			80-016	06208	
No.	an)e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/sult	e	E Telephone n	umber	***************************************
	klaf return	210 EAST 400 SOUTH	SULT	i	(801) 3		70
te:	nal return/ rminated	City or town, state or province, country, and ZIP or foreign postal code			(001) 3	J9-3Z	19
rat	nended turn	SALT LAKE CITY, UT 84111			<b>G</b> Gross receip	to C	E O 1 a
Ap	pplication ending	F Name and address of principal officer: LAUREN COLUCCI			H(a) Is this a gre		581,4
		210 EAST 400 SOUTH SUITE 7 SALT LAKE CITY	Y, UT 8413	11	subordinate  H(b) Are all subor	97	
	exempt sta	ius: X 501(c)(3) 501(c)( ) (insert no.) 4947(4		527			ear Yes se instructions)
		NWW.KCPW.ORG			H(c) Group exen		
		zation; X Corporation Trust Association Other	L Year	of formati	on: 2007 M	State of I	egal dominio
Part		nmary					
1	Briefly	describe the organization's mission or most significant activities; OPE	RATE KCPW	888	FM PURLT	CRAD	TO STATIO
2 3 4 5 6 7	ON A	IR AND THROUGH INTERNET STREAMING.					TO SIMITO
2				?= Z			
2	Check	this box  if the organization discontinued its operations or dis	posed of more t	≅	of its net asset		
3	HAMINDE	of voting literaters of the doverning body (Part VI line 1a)	i iii			3	
4						4	
5						5	
6		(Juliana (John Marcassary)	- 1994			6	
7a	Total ur	nrelated business revenue from Part VIII, column (C), line 12	<b>\</b>		* * * * * *	7a	***************************************
	Net unr	nrelated business revenue from Part VIII, column (C), line 12 elated business taxable income from Form 990-T, line 34				7b	
1					Prior Year	-	Current Year
8	Contribu	utions and grants (Part VIII, line 1h)	»	-	618,95	0.	574,50
9	Progran	is service revenue (Part VIII, line 2n)				7.	3/1/3
		*** **** **** **** **** **** **** ***		1		4.	31
11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.	6,53
12	10taile	venue - add lines 8 through 11 (must equal Part VIII)column (A) line 13	2)		619,00		581,44
13	Grams a	and similar amounts paid (Part IX, column (A), lines 1-3)				0.	2027
14	Benefits	paid to or for members (Part IX, column A) line 4)				0.	
15	Salaries	, Ulter compensation employee handite /post iv column (A) "	a.	1	205,13		272,28
iva	Pioressi	onal fundraising fees (PartiX, column (A), line 11e)				0.	-, -, -, -
47							
• •	OTHER BY	perises (Part IX, column (A), lines 11a-11d, 11f-24a)			459,37	1.	2,095,97
		wholes roughly for the control of th			664,50	~~~~	2,368,25
	Revenue	less expenses. Subtract line 18 from line 12			-45,500	5.	-1,786,81
20				Beginnir	ng of Current Ye		End of Year
20 21 22	Tatal ass	iets (Part X, line 16)		:	2,680,707		1,002,45
21	iotai lian	pilities (Part X, line 26)			3,029,248	3.	3,137,81
til	Net asse	ts or fund balances. Subtract line 21 from line 20.	,,,,,,		-348,541		-2,135,35
corre	ct, and con	erjury, I declare that I have examined this return, including accompanying sch nplete. Declaration of preparer (other than officer) is based on all information of w	edules and statem	nents, and	to the best of r	ny knowle	edge and belief.
		, and the state of w	mon brehalet list	s any know	neage,		
1	Sia	nature of officer					
е	_	IDEN COLUÇAT			Date		· · · · · · · · · · · · · · · · · · ·
ĺ		e or print name and title	AL MANAGE	R			
		O Drongwale					
		Preparer's signature  Preparer's signature	Date		Check X ii	PTIN	
	Firm's nar				self-employed	P0	0637961
arer	TRID'S DAY	ne ▶PHILIP H COOPER & COMPANY LLC		Ci.	m's EIN ▶ 27		
Only -		Na			HOLHY PLA	~ ~ ~ ,	エユン
Only	Firm's add	lress ►136 S MAIN ST, STE A300 SALT LAKE CITY, UT 84101 s this return with the preparer shown above? (see instructions)				1-433	

Form 990 (2015) Part III Sta	atement of Program Service	Account to be a second to be a secon		Page
	eck if Schedule O contains a	response or note to any line in this Part	10	
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SEE SCHE	DULE O			
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***************************************	***************************************			
2 Did the org	anization undertake any sign	ificant program services during the yea	ar which were not listed on the	
if "Yes," des	scribe these new services on S	Schedule O.		Yes X N
3 Did the or services?	ganization cease conducting	g, or make significant changes in he	ow it conducts, any program	Yes X N
		privice accomplishments for each of its process of the program service reported.	s three largest program service rt the amount of grants and a	es, as measured llocations to othe
la (Code:	1 (Expenses \$	958,378, Including grants of \$	) (Revenue \$	)
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(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
Othor pre				
	n services (Describe in Schedu			
I - XUDUGGG #	including gran	nts of \$ ) (Revenue \$	\	
(Expenses \$ Total program	service expenses	1,958,378.		

Par	t IV Checklist of Required Schedules		······································	299 2
		.,	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 (see instructions)?	2	Х	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			***************************************
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		ŀ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		İ	
	of its total assets reported in Part X, line 16? If "Yes, complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
16	Schedule D, Parts XI and XII	12a	X	
Ŋ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
~	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			17
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4 =		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	$\dashv$	X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
			ш.	

C	WASATCH PUBLIC MEDIA 80-016	6208		
Par	990 (2015)  tiv Checklist of Required Schedules (continued)			Page
•	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		T ,,	T
20 a	The state of the s	20a	Yes	N j
b	in test to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	<u></u>	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of		ļ	+
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts Land II	24		ر ا
22	Did the diganization report more than \$5,000 of grants or other assistance to or for domestic individuals or	.		<del> </del> -
	Fait IA, Column (A), line 27 if "Yes," complete Schedule I, Parts I and III.	22		λ
23	bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<u> </u>	+-
	organization's current and former officers, directors, trustees, key employees, and highest components	.		
	employees? If "Yes," complete Schedule J	20		, x
24 a	bid 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 20022 if "Yes" answer lines 24b			
	inrough 24d and complete Schedule K. If "No," go to line 25a	242		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24h	·····	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24.		
d	and the organization act as all "on behalf of" issuer for bonds outstanding at any time during the year?	244		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule I Part I	252		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 and or son Ezza			
	II res, complete Schedule L, Part I	256		X
26	bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or navables to any			
	Cuitetti Ut tottlet officers, directors trustees key employees bioticat companyated			
	disqualified persons? If "Yes," complete Schedule L. Part II	26		Х
27	- and dispersion provide a grant of other assistance togan officer, director trustee key employee			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filling thresholds conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an omegi, director, buside, discifect of indifect owner? It "Ves " complete Schoolide L. Doct 1/2	28c		Χ
10	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Х
,,,	conservation contributions of art, historical treasures, or other similar assets, or qualified			
1	conservation contributions rair "Yes," complete Schedule M	30		Χ
'	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
2	Part I	31		X
-	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		İ	
3	complete Schedule N, Part II	32		X
•	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-32 and 301 7701-32 if "You" complete Safetyle B. B. C. C. Safetyle B. C. C. Safetyle B.			
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
•	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV. and Part V. line 1			
5 a	or IV, and Part V, line 1	34		Х
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from the 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			
6	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make only transfer to the controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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. lino 2	_		
7	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	_		
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	_		
		38	X	

1a Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable. 1a 10 b Enter the number of Forms W-26 included in line 1s. Enter-0- if not applicable. 1b 0. c Did the organization comply with backup withholding rules for reportable peyments to vendors and reportable gaming (gambling) winnings to prize winners? c Did the organization to prophyses reported on Form W-3. Transmittal of Wage and Tax 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
o Einter the number of Forms W-22 included in line 1s. Enter -0- into applicable.   1b   0    o Did the organization organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?    2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax    Statements, filed for the calendar year ending with or within the year covered by this return   2a    b If at least one is reported on inite 2a, did the organization file all required federal employment tax returns?    Note, If the sum of lines 1a and 2a is greater than 250, you may be required to -file (see instructions)    3a Did the organization have unrelated business gross income of \$1,000 or more during the year?    3a If If Yes, 1 has it filed a Form 990-T for this year? If 'M' or fall ins 2b, provide are explanation in Schedule 0.    4a At any time during the calendar year, did the organization have an interest in, or a signature or other functionally over, a financial account; accountly?    b If 'Yes,' enter the name of the foreign country:  >  5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank & G. Financial Accounts (FigAR).    5a Was the organization a party to a prohibited tax shelter transaction at any time during the xay year?    5b Did any taxable party notify the organization file Form 8886-T?    5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitagle contributions?    5b If 'Yes,' did the organization include with very solicitation en express statement that such contributions or gifts were not tax deductible?    5c Organizations state may receive deductible contributions under section 170(c).    b If 'Yes,' indicate the number of Forms \$228 filed dispipite year    b If 'Yes,' indicate the number of Forms \$228 filed dispipite year    c If the organization received a contributing of qualin					No
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminlag) winnings to prize withners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If Yes, Tas it filed a Form 990-T for this year? If Yo' to line 3b, provide an explanation in Schedule O.  3b If Yes, Tas it filed a Form 990-T for this year? If Yo' to line 3b, provide an explanation in Schedule O.  3b If Yes, The during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary year, and the financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary year.  5a Did any taxable party notify the organization that it was or is a party to a profibilited tax shelter transaction?  5b If Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societies are ontributions societies are ontributions of programs.  5b If Yes," did the organization include with ever not tax deductible as capitalization contributions of programs.  5c If Yes," did the organization receive a payment in excess of \$76 (files) party, as a contribution and party for goods and services provided to the payor?  7b If Yes," indicate the number of Forms 829 (filed diprograms by a service provided?  7c Did the	1a h	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	<b></b> - 3.0		
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Sistements, filed for the calendar year ending with or within the year covered by this return 2a 5 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines it a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  3ccount)?  3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  3b 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 duringtifier ax year?.  5b 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 aperty to a prohibited tax shelter transaction at any time duringtifier ax year?.  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twe not tax deductible as charitable contributions?  5b If "Yes," did the organization include with every solicitation an explass statement that such contributions or gifts were not tax deductible?  7c Organization receive a payment in excess of \$75 finder party, as a contribution or an excess of \$75 finder party, as a contribution or an excess of \$75 finder party, as a c	c	Did the organization comply with backup wi			7.00
Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5a Was the organization a party to a prohibited tax shelter transaction at any time during diperacy and the gross instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank grid, Financial Accounts (FBAR7).  5a Was the organization a party to a prohibited tax shelter transaction?  5a Did any texable party notify the organization that it was or is a party to a prohibited tax year?  5b Did any texable party notify the organization file form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as organization set shelter transaction?  6b Diff the organization shelt may contribution that were not tax deductibles as organization grid the progenization shelt may contribution that were not tax deductibles as organization property for which it was required to file Form 8282?  6c Did the organization shelt may be a payed t	~	reportable gaming (gambling) winnings to prime withholding rules for reportable payments to vendors and			
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Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	hi	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
a Initiation fees and capital contributions included on Part VIII, line 12	n	Section 501(a)(7) arresting 5 Texture Section 501(a)(7) arresting 5 Texture Section 501(a)(7) arresting 5 Texture Section 5 Texture Sectio	9b		Х
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	a li	pitiation foos and conital contributions in fact the Tourist transfer to the Tourist transfer to the Tourist transfer to the Tourist transfer to the Tourist transfer to the Tourist transfer to the Tourist transfer transfer to the Tourist transfer			
a Gross income from members or shareholders	b 6	Pross receipts, included on Form 200, Part VIII, line 12			
a Gross income from members or shareholders	1 8	Section 501(c)(12) organizations Form 990, Part VIII, line 12, for public use of club facilities [10b]			
against amounts due or received from them.)	a C	Gross income from members or shoreholders			
against amounts due or received from them.)	b 6	Gross income from other courses (De party)			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	~ C	grainst amounts due or received from the real amounts due or paid to other sources			
Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?	ધ 2aS	Section 4947(a)/1) pop-exempt charitable trusts to the	1. A. A.		
a is the organization licensed to issue qualified health plans in more than one state?	b If	"Yes" enter the amount of the exempt interest are in the organization filing Form 990 in lieu of Form 1041?	12a		
a is the organization licensed to issue qualified health plans in more than one state?	S	ection 501(c)(29) qualified nonprofit health incurred in a correct during the year			
Note. See the instructions for additional information the organization more than one state?	a is	the organization licensed to issue qualified beauty recent			1.00
	N	ote. See the instructions for additional information the organization must report on Schedule O.	13a		ng 1113
b Enter the amount of reserves the organization is required to restrict the interest on Schedule O.	b E	Inter the amount of reserves the organization is required to mediate by the organization or the organization is required to mediate by the organization or	為對於		WW.
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	th	ne organization is licensed to issue qualified health plans			
C Enter the amount of recommend on the set	c F	nter the amount of reserves on hand			
a Did the organization receive any novements for independent to the contract of the contract o	a D	id the organization receive any nayments for indoor topping and the distribution of th			
U II (5), IIIS II IIIEU 2 FORM / ZII IO (Aport these psymonto) If IIII II	b If	"Yes," has it filed a Form 720 to report these payments? If "No " provide an application of the second of the seco		_	<u>X</u>
1040 1.000 Form 990 (20	040 1	000 some discrete paymontal in two, provide an explanation in Schedule O			

	990 (2016) WASATCH PUBLIC MEDIA 80-016	6208	3	Page (
Pai	Governance, Management, and Disclosure For each "Vee" response to lines 2 through 75 to 1			
	response 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	See	inetri	ictione
Sec	tion A. Governing Body and Management			· X
			Yes	i No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6	-	. 110
	If there are material differences in voting rights among members of the governing body, or if the governing	Ť		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		14.	
þ	Enter the number of voting members included in line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		-	1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del> </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	<del> </del>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	-	+
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to for subject to approve by members	1 1-4	<del> </del>	1
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.2	-	+
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII Section A who connet be received at			<del> </del>
	the organizations mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	" 100, and the organization have written policies and procedures anoverning the activities of such chapters			
	amiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	İ	
1 a	rias the organization provided a complete copy of this Form 990 to all members of its governing body before tilled the formal	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7	
2 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	<del>                                     </del>
7	Did the digalization have a written document retention and destruction policy?	14	X	***********
Ö	Did the process for determining compensation of the following persons include a review and approval by		37, 50	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		idaa (	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
Ŋ	Other officers or key employees of the organization	15b	Х	
	in frest to line 15a of 15b, describe the process in Schedule O (see instructions).	7.7		7, 7
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		iku i Kacik	
	with a taxable entity during the year?,	16a		Х
Ŋ	Here, and the organization follow a written policy or procedure requiring the organization to evaluate the			5.4%
	participation in four venture arrangements under applicable federal fox low, and take above to the contract of			
	significations exempt status with respect to such arrangements?	16b		
GLIC	ir C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► UT			
3	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	)(3)s	onlv)
	The parties and the parties and the parties available. Check all that apply.	(=	, ( - ,~	<b>-</b>
	Other (explain in Schedule O)			
)	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest r	olicy	and
	maricial statements available to the public during the tax year.		3	,
,	State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION 210 E 400 S SUITE 7 SALT LAKE CITY, UT 84111 801-363-1040	:▶		

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		MATAI O								

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) \*(D) (B) Position (E) (F) Reportable Name and Title (do not check more than one Average Reportable Estimated hours per box, unless person is both an compensation compensation from amount of officer and a director/trustee) week (ilst any from related other hours for the organizations compensation Individual Institutional related organization (W-2/1099-MISC) from the director organizations (W-2/1099-MISC) organization below dotted and related trustee line trustee organizations (1)PAUL BRUNO BOARD CHAIR 0. 0. 0. 0. (2) TIM CHAMBLESS 5.00 TREASURER 0. X 0. 0. 0. (3)GLEN FERGUSON 00 SECRETARY X 0. 0. 0. (4)DAVE FERGUSON 5.00 BOARD MEMBER 0. Х 0. 0. 0. (5)SHUNDANA YUSAF 5.00 BOARD MEMBER 0. Χ 0. 0. (6) JESSE ELLIS 40.00 PROGRAMMING AND OPERATIONS 0. Χ 50,308 0. 0. (7) LAUREN COLUCCI 40.00 GENERAL MANAGER 0. Х 28,346 0. 0. (8) SHELLEY CARPENTER 18.00 DEVELOPMENT 0. Х 26,249 0. (10)(11)(12)(13)(14)

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related organization below colladed the plan of the p	Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organization of from the organization	ole Estimated amount of other compensation from the organization
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Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Name and business address  (B)  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individue for services rendered to the organization? If "You" appropriate Sabadula, Housevel was a service and the organization of individual for services rendered to the organization?	al .
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	ection R. Independent Contractors	. 5
Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	<del></del>	
Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	Complete this table for your five highest compensated independent contractors that received more than \$100.0	00 of
(A) Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization. Report compensation for the calendar year ending with or within the organization.	zation's tax
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	year.	
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received		
Total number of independent contractors (including but not limited to those listed above) who received		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.	Description of services	Compensation
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		
note independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		·
more than \$100,000 in compensation from the organization $\blacktriangleright$ 0.	rotal number of independent contractors (including but not limited to those listed above) who received	9Yava##275
	more than \$100,000 in compensation from the organization   0.	

P	art V		FUBLIC MEDIA		······································	80-0166	208 Page
		Check if Schedule O contains a r	esponse or note to a	any line in this Part	VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from te under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	] 1a	Federated campaigns	1a				
9	į t		1b				
ifts,	<		1c				1 to 14 to
	d	** F	1d				
O.	e	,	1e 135,169				
but	f	minimizer and market and a series of the contract of the contr	4.5				
d it		and similar amounts not included above					
٠ ١	y h	Noncash contributions included in lines 1a-1f:  Total. Add (ines 1a-1f		- 11 A-41 1 - 72 - 71 A			
rice			Business Code	574,564.			
Program Service Revenue	2a					a train debalta acas be	Par Zah, was
ď.	b					·	
2	c				4.//		
Sei	đ				The state of the s		
E	e				ali w		
5	f	All other program service revenue			34.		
	g			0.	를 ♣보는데 변경되신.		
	3	Investment income (including di	ividends, interest,				
	,	and other similar amounts). ATTACHN		372.	372.	-	
	5	Income from Investment of tax-exempt Royalties	bond proceeds .		5		
		(i) Real		0.			
	6a	Gross rents	(II/ I Globalai				
	b	Less: rental expenses	W V				
	c	Rental income or (loss)		V			등하면 보다. 대한민국(대한민국)
	d	Net rental income or (loss)		0.	TO STATE OF THE ST	Properties of the Control of the	Politika (1981 – 1964) za niek
	7a	Gross amount from sales of (i) Securiti	es (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (ioss) L					
	d	Net gain or (loss)	<u> </u>	0.			
nue	8a	Gross income from fundraising					
evel		events (not including \$					
Ϋ́		of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 4,700.				세계를 네네
Other Revenue	b	Less: direct expenses	a 4,700.				
0	С	Net income or (loss) from fundraising evi		4.700.		Control of the Contro	Maria di Silanda di A
	9a	Gross income from gaming activities.				varior in Nacon Arma	
		See Part IV, line 19	. а				
	b	Less: direct expenses	, b				
	С	Net income or (loss) from gaming activi	ties	0.			
	10a	Gross sales of inventory, less					
	_	returns and allowances					
	b	Less: cost of goods sold	b	radio de excepção			
ŀ	U	Miscellaneous Revenue	Business Code	0.			
ŀ	11a	RENTAL INCOME FROM OTHER STUDIOS		ราว ได้ เพื่อเหมือด เพาะได้แล้วไ			real de la
	na b	THOOTIS EXON OTHER STUDIOS	900099	1,812.	1,812.		
	r. U						
	d	All other revenue					
	e	Total. Add lines 11a-11d	·	1,812.			S Stoom Sec. A. I
	12	Total revenue. See instructions		581,448.	2,184.	_4(n (1) (1) (1) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	<u>e stee 1 (#1122 &amp; \$</u>
SA					2,243		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses 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 0. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members . . . . . . . . . 0 5 Compensation of current officers, directors, trustees, and key employees 104,903. 104,903. 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 167,379. 12,457. 125,479 29,443. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0, Ō. 11 Fees for services (non-employees): a Management 0 b Legal 0, c Accounting 0 d Lobbying Ο. e Professional fundraising services. See Part IV, line 17. **€**@0, f Investment management fees **∆**0 ∑ g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 643. 7,470. 3,425. 12 Advertising and promotion 13 Office expenses 115 4,254. 38,079. 9,782. 14 Information technology..... 0 0. 0 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. 20 Interest 128,706. 128,706. 21 Payments to affiliates. 0. 22 Depreciation, depletion, and amortization 15,933. 15,933. 23 Insurance 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAMMING 64,415. 64,415. bEQUIPMENT RENTAL AND MAINT. 59,665. 55,345. 4,320. cBAD DEBTS -9,275.-9,275.dINSURANCE 5,572. 5,572. e All other expenses \_ATCH\_3 1,767,307. 1,716,361. -1,96952,915. 25 Total functional expenses. Add lines 1 through 24e 2,368,258. 1,958,378. 323,590. 86,290. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🗍 following SOP 98-2 (ASC 958-720) 0.

	WASATCH PUBLIC MEDIA		80	-0166208
	0 (2015)			Page
art				· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Pa	art X.		
		(A)		(B)
Τ.	Cook	Beginning of year		End of year
	Cash - non-interest-bearing	94,830	. 1	163,40
- 1	Savings and temporary cash investments	0	. 2	
	, i louges and grants receivable. Net	41,548	. 3	15,08
1	r Accounts receivable, riet	30,274		14,09
6	and other receivables from current and former officers, directors		<del> </del>	
	trustees, key employees, and highest compensated employees.		1	
le	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	0	. 5	
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
_	organizations (see instructions). Complete Part II of Schedule I	0	. 6	
8	Notes and loans receivable, net	0	<del></del>	
	involutiones for sale of use	0		
9	r repend expenses and deterred charges	3,098.		2,76
10	a Land, buildings, and equipment: cost or	4.8	+ -	2,10
	other basis. Complete Part VI of Schedule D 10a 218, 116.			
	b Less: accumulated depreciation	73,041.	100	57,108
11	Investments - publicly traded securities	0.		37,108
12	investments - other securities, see Part IV, line 11	0.	12	(
13	investments - program-related, See Part IV line 11	0.		
14		2,427,183.	14	750,000
15	Other assets, See Part IV, line 11	10,733.	15	730,000
16		2,680,707.		1,002,459
17	Accounts payable and accrued expenses	706,067.		451,910
18	Orano pavapie		18	431,910
19	Defended revenue		19	
20	ray events point naphines	0.	20	
21	Escrow or custodial account liability. Complete Part V of Schedule D	0.1	21	
22	Loans and other payables to current and former officers, directors			
	trustees, key employees highest compensated amployees and		ļ	
	disqualified persons. Complete Part II of Schedula I	n l	22	٥
23	Covered IIIO: LURGOS and notes payable townrelated third partice	2,323,181.	23	2,373,181
24	Unsecured notes and loans payable to unrelated third parties	0.	24	2,373,101
25	- VIII II II II III III II II II II II II		A-7	
	parties, and other liabilities not included on lines 17-24). Complete Part V			
	of Schedule D	0.	25	312,719
26	10tal habilities. Add liftes 17 through 25	3,029,248.	26	3,137,810
	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-348,541.	077	0 40" ===
28	Temporarily restricted net assets		27	-2,135,351
29	Permanently restricted net assets		28	0
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	V•	29	0
30	Capital stock or trust principal, or current funds			
31	Paid-in or capital surplus, or land, building, or equipment fund		30	
32	Retained earnings, endowment, accumulated income, or other funds		31	
	Total net assets or fund balances  Total liabilities and net assets/fund balances	0.40	32	
33		_ < // 0   5 / 1	33	-2,135,351.

Form 8	990 (2015)				F	age 12
Par	t XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			581,	448.
2	Total expenses (must equal Part JX, column (A), line 25)	2			·	258.
3	Revenue less expenses. Subtract line 2 from line 1	3		<del></del>		810,
4	ivel assets of fund parances at peginning of year (must equal Part X, line 33, column (A))	4		***	***************************************	541.
5	Net unrealized gains (losses) on investments	5	***************************************			0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in her assets or fund palances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				***	
	33, column (B))	10		-2,	135.	351.
Part	Financial Statements and Reporting				***************************************	
	Check if Schedule O contains a response or note to any line in this Part XII					
		<del>7</del>			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," e	xplain	in			
	Schedule O.					
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 vear were con	piled	or .			<del> </del>
	reviewed 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 audit	ed or	 18			
	separate basis, consolidated basis, or both:		,			
	X Separate basis Consolidated basis Both consolidated and separate basis				ŀ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versio	nht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountai	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xnlain	in	ļ		
	Schedule O.		,			ļ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		1	
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao f	he			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lits.		3b		
				Form	990	(2015)

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2015
Open to Public

Department of the Treasury ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization 80-0166208 WASATCH PUBLIC MEDIA Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross q receipts from activities related to its exempt functions - subject to certain oxceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised of controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see document? above (see instructions)) Instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

_	n
Jana	_

Pa	rt II Support Schedule for Org. (Complete only if you checked Part III. If the organization fa	e the box on	line 5. 7. or 8	of Part I or if	the organizatio	an failed to dua	)(vi) alify under
Sec	tion A. Public Support	7 T T T T T T T T T T T T T T T T T T T	**************************************				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(4)	() roa
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).				1		
_6_	Public support. Subtract line 5 from line 4.	·		9/2			***************************************
Sec	tion B. Total Support			N N	-12		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	<b>(c)</b> 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			19 W.			
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net Income from unrelated business activities, whether or not the business is regularly carried on	4					
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	48/					· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc. (ş	ee instructions)💆				12	
13	First five years. If the Form 990 is organization, check this box and stop fiere tion C. Computation of Public Supp			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
14	Public current persons and 5 (%)	port Percentag	ge			<del></del>	
15	Public support percentage for 2015 (lir	ie o, column (t)	aivided by line	11, column (f))		14	%
16a	Public support percentage from 2014 § 331/3% support test - 2015. If the or	ranization did	nt II, line 14	novembre 40	-	15	%
	this box and <b>stop here.</b> The organization	ganization did in qualifies as a	not check the h	oux on time 13, ted organization	and line 14 is	331/3 % or mor	e, check
b	331/3% support test - 2014. If the o	raanization did	not check a ho	v on line 13 o	r 16a and lina	15 to 224/09/	
	check this box and stop here. The orga	nization qualifie	is as a publicly :	supported organ	n roa, and mie nization	10 18 331/3 %	or more,
17a	10%-facts-and-circumstances test - 2	015. If the org	anization did no	ot check a box	on line 13, 16a	or 16h and li	ne 14 ie
	10% or more, and if the organization	meets the "fac	ts-and-circumst	ances" test, chi	eck this box an	d stop here. E	xplain in
	Part VI how the organization meets the	ne "facts-and-ci	rcumstances" te	st. The organiz	zation qualifies	as a publicly st	upported
	organization		anization did no	ot check a box	on line 13, 16a		▶
	15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances"	test, check th	is box and sto	op here.
	Explain in Part VI how the organization	n meets the "f	acts-and-circum	stances" test. 7	The organization	n qualifies as a	publicly
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	his box and see	
	instructions , , , , , , , , , , , , , , , , , , ,						
					Sc	hedule A (Form 99	0 or 990-EZ) 2015

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,281,379.	675,264.	673,802.	618,950.	574,564.	3,823,959.
2	Gross receipts from admissions, merchandise			0.0,002.	0207550.	3/11/3041	3,023,933,
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	-						
2	organization's tax-exempt purpose						0,
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					m.n.	0.
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						. 0.
5	The value of services or facilities						
	furnished by a governmental unit to the				0.D		
	organization without charge				A. In		0
6	Total. Add lines 1 through 5	1,281,379.	675,264.	673,802.	618,950.	574 F.C4	0.000.050
7a	Amounts included on lines 1, 2, and 3	1,201,0,0	0/5/204.	\$ 3	% 63 010,930,	574,564.	3,823,959.
	received from disqualified persons			<b>₹</b> ₩	7	İ	
b	Amounts included on lines 2 and 3						0.
	received from other than disqualified			A = 1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		A.		· · · · · · · · · · · · · · · · · · ·		0.
	Add lines 7a and 7b			A			0.
8	Public support. (Subtract line 7c from						
	line 6.)	<u></u>		<b>%</b>			3,823,959,
***************************************	tion B. Total Support		N Dec	<i>&gt;</i>			
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2011 🦼	≈ <b>(b)</b> 2042	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6.	1,281,379.	6757264,	673,802.	618,950.	574,564.	3,823,959.
10 a	Gross income from Interest, dividends,	***					
	payments received on securities loans,						
	rents, royaltles and income from similar sources	215	582.			270	1 455
b	Unrelated business taxable income (less		502.		4.	372.	1,173.
-	section 511 taxes) from businesses	100					
		'				-	
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	215.	582.		4.	372.	1,173.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is regularly			ŀ			
	carried on						0.
12	Other Income. Do not Include gain or						
	loss from the sale of capital assets		İ				
	(Explain in Part VI.)	1,510.		163,		6,512.	8,185.
13	Total support. (Add lines 9, 10c, 11,					0,012.	-0,105.
	and 12.)	1,283,104.	675,846.	673,965.	618,954.	502 440	2 022 012
14	First five years. If the Form 990 is for					581,448.	3,833,317.
•	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp			4 4 4 4 4 4 4 4			• • • • • • • • • • • • • • • • • • • •
15				- 411			00 500
	Public support percentage for 2015 (line 8, o					15	99.76%
16	Public support percentage from 2014 Sched					16	99.90%
	tion D. Computation of Investment				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2015 (line	10c, column (f)	divided by line 13	3, column (f))		17	.03%
18	Investment income percentage from 2014 Sc	chedule A, Part II	J, line 17		, . , , , [	18	%
19 a	331/3% support tests - 2015. If the orga	nization did not	check the box	on line 14, and	line 15 is more	than 331/3%, an	id line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2014. If the organ	ization did not o	heck a box on li	ne 14 or line 19	and line 16 is	more than 331/2	% and
	line 18 is not more than 331/3%, check ti	his hox and eto	n here. The org	anization qualifie	e se si nublishi s	unnorted organiza	ation >
20	Private foundation, If the organization di						
JSA		- not onoun a	DON ON MILE I	, toa, or 130,		hedule A (Form 99)	
5E122	1 1.000				36	Transe v Inditi 990	01.000-EEJ E013

#### Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations		TV	141.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	11		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		<del> </del>	
,	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)	<del></del>	·	raye <b>J</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	-)	
Socti	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. on B. Type I Supporting Organizations	11c		<u> </u>
Gecti	on B. Type i Supporting Organizations		\\	
	The Late of the Control of the Contr	[	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
06011	on or Type is dupporting Organizations		Yes	Al a
1	Wars a majority of the organization's diseases as trustees during the territory of the control o	<del></del>	res	NO
'	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 "Now 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		
Secti	on D. All Type III Supporting Organizations	<u>-</u>		
4			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 price			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of potification, 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).	İ		-
3		2		
J	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 ក្រីthis regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ons):	***************************************
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see Instrud	tions).	
2	Activities Test. Answer (a) and (b) below.	<u></u>	Yes	<u>No</u>
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.	2		
	·	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ch		
P*************************************	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	10041							
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All								
other Type III non-functionally integrated supporting organizations must com	trust	on Nov. 20, 1970. See ir	structions. All					
	plete	Sections A through E.	(73.5					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year					
1 Net short-term capital gain	1.	<u>'</u>	(optional)					
2 Recoveries of prior-year distributions	1							
3 Other gross income (see instructions)	2							
4 Add lines 1 through 3	3							
5 Depreciation and depletion	4							
	5							
6 Portion of operating expenses paid or incurred for production or	1							
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year					
		( ) / / // // / / / / / / / / / / / / /	(optional)					
1 Aggregate fair market value of all non-exempt-use assets (see		*						
instructions for short tax year or assets held for part of year):		<u>. 8</u>						
a Average monthly value of securities		**						
b Average monthly cash balances	1b,							
c Fair market value of other non-exempt-use assets	Ťc							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other								
factors (explain in detail in Part VI):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d	3							
4 Cash deemed held for exempt use. Enter 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							
Section 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 prlor year (from Section B, line 8, Column A)	3							
4 Enter greater of line 2 or lines	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	3							
emergency temporary reduction (see instructions)	6							
7 — Check here if the current year is the organization's first as a non-functionally-instructions).	ııtegi	rated Type III supporting (	organization (see					

Schedule A (Form 990 or 990-EZ) 2015

Par	7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	) Supporting Organiza	tions (continued)	
***************************************	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex-	ted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	izations		
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 whice	h the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		4.0	***************************************
2	Underdistributions, if any, for years prior to 2015		~ 61.	
	(reasonable cause required-see instructions)		i di di	
_3	Excess distributions carryover, if any, to 2015:	<u> </u>	) N29	· · · · · · · · · · · · · · · · · · ·
a		***		· · · · · · · · · · · · · · · · · · ·
b				
C	F 0040			
d	From 2013			
<u>e</u>	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>''</u>	Applied to 2015 distributable amount  Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	N .		
<u>J</u>	Distributions for 2015 from Section	<b>V</b>		
•	D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions to years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
6	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).



### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2015

Name of the organization Employer Identification number WASATCH PUBLIC MEDIA 80-0166208 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . 2a Total acreage restricted by conservation easements . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to impositoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Schedule D (Form 990) 2015 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance ..... d Additions during the year ..... 1d. 10 f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Partly, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . . c Net investment earnings, gains, and losses......... d Grants or scholarships . . . . . . Other expenditures for facilities and programs....... Administrative expenses . . . . . g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?...... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation **b** Buildings c Leasehold improvements 8,975. 8,975 d Equipment ...... 158,619. 101,511. 57,108. 50,522. 50,522. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 57,108.

Part VII	Investments - Other Securities.	III) / II F	
	(a) Describble of a with a signal answered		, Part IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
<u>(A)</u>			
<u>(B)</u>			
(C)			
<u>(D)</u>			
<u>(E)</u>			
<u>(F)</u>			
<u>(G)</u>			
( <u>H</u> )	. 200 000 000 000 000 000 000 000 000 00		
	i (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII		"Yes" on Form 990	Part IV, line 11c See Form 990, Part X, line 13.
***************************************	(a) Description of investment	(b) Book value	Man Mathad of valuation
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)		.43	<i>A</i>
(5)			3/4
(6)			V
(7)			
(8)			
(9)		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	NAME OF SOM	B 10/10 141 6
·	Complete if the organization answered	Tes on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) Des	cription	(b) Book value
(1)	The second secon		
(2)			
(3)			
(4)	4/ *	·····	
(5)			
(6)			
(7)			
(8)			
(9)	W-1-1-		
Г <mark>otal.</mark> (Colui	mn (b) must equal Form 990, Part X, col. (B) Ilr	те 15.)	
Part X	Other Liabilities. Complete if the organization answered		Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
	(a) Description of Ilability Il income taxes	(b) Book value	
***************************************	ED INTEREST PAYABLE	242	
	ED INTEREST PATABLE	312,7	<u>19.</u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			Line Control of the C
(9)			
otal. (Column	ı (b) must equal Form 990, Part X, col. (B) line 25.) 🖠	<b>→</b> 312,71	9.
. Liability for	uncertain tax positions. In Part XIII, provide the to	ext of the footnote to the	e organization's financial statements that reports the
rganization'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

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WASATCH PUBLIC MEDIA

Employer identification number 80-0166208

FORM 990 - ORGANIZATION'S MISSION

KCPW PROVIDES IN-DEPTH LOCAL, NATIONAL AND INTERNATIONAL NEWS TO CREATE

INFORMED AND ENGAGED CITIZENS. BY PRESENTING NEWS, LECTURES, LOCAL

EVENTS, AND SPECIAL BROADCASTS RELATED TO POLITICS, THE ENVIRONMENT,

EDUCATION AND BUSINESS, WE KEEP OUR AUDIENCE CONNECTED AND INVOLVED.

STRATEGIC PARTNERSHIPS WITH LOCAL BUSINESSES AND ORGANIZATIONS HELP US

FOSTER AND STRENGTHEN THE COMMUNITY. WE ACT AS A LIFELONG DEARNING

RESOURCE SO THAT ALL OF US MIGHT GROW AND IMPROVE PUBLIC DISCLOSURE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW

THE BOARD RECEIVES AN E-MAIL DRAFT OF THE FORM 990 AND HAS THE

OPPORTUNITY TO ASK CLARIFYING QUESTIONS. THE BOARD VOTES TO APPROVE FORM

990 BEFORE THE RETURN IS FILED.

FORM 990, PART VI, LINE 126 - ENFORCEMENT OF CONFLICTS POLICY
MANAGEMENT AND BOARD MEMBERS DISCLOSE ANY CONFLICTS AND SIGNS A CONFLICT
OF INTEREST FORM ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION PACKAGE FOR
THE PRESIDENT AND CEO OF KCPW. THE COMPENSATION PACKAGE IS BASED UPON A
NUMBER OF FACTORS INCLUDING NON-PROFIT MANGAEMENT EXPERIENCE, MAJOR GIFT
AND CAPITAL CAMPAIGN EXPERIENCE, KNOWLEDGE OF THE UTAH PHILANTHROPIC
COMMUNITY AND EXPERIENCE WITH THE FINANCING AND ACQUISITION OF A BUSINESS

Employer Identification number 80-0166208

LIKE KCPW.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION OF OTHER KEY EMPLOYEES OF KCPW IS BASED UPON COMPARABLE

PAY IN THE INDUSTRY AND ADDITIONAL JOB DUTIES ATTACHED TO EACH POSITION.

FOR SOME POSITIONS, THIS IS THEN REDUCED AS NEEDED DUE TO CURRENT STATION RESOURCES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL ITEMS ARE AVAILABLE BY REQUEST AT THEIR OFFICES AND SOME ARE AVAILABLE ON THE WEBSITE.

FORM 990, AMENDED INFORMATION

FORM 990, PAGE 1, PART 1: MORE DETAILED BREAKOUT OF REVENUE. TOTAL IS THE

SAME AS ORIGINALLY FILED RETURN.

FORM 990, PAGE 2, PART 111, LINE 4A: DESCRIPTION UPDATED

FORM 990, PAGE 8, PART VII, SECTION B, LINE 1: REMOVED INDEPENDENT

CONTRACTOR INFORMATION (ALL CONTRACTORS RECEIVED LESS THAN \$100,000

COMPENSATION)

FORM 990, PAGE 9, PART VIII, LINE 11A: UPDATED DESCRIPTION OF MISCELLANEOUS REVENUE; AMOUNT INCREASED BY \$387

SCHEDULE O, FORM 990, PART VI, LINE 15B: DESCRIPTION UPDATED

Schedule O (Form 990 or 990-EZ) 2015					Page <b>2</b>
Name of the organization				Employer Identificatio	
WASATCH PUBLIC MEDIA				80-0166208	3
FORM 990, PART VIII - INVESTMENT INCOME			±	ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT INCOME	Desaboration				
	(A)	(B)		(C)	(1)
	TOTAL	RELATED	OR	UNRELATED	(D) EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REV		BUSINESS REV.	REVENUE
	·				100 4 124 0 13
REALIZED GAIN ON SALE OF SECURITIES	32	9.	329.		
DIVIDENDS AND INTEREST	d.	2			
PIVIDENSO IMP INTENEST	4.	3.	43,		
TOTALS	37:	2 .	372.		
= FASTA	And the second s	THE PERSONNEL PROPERTY PROPERT	V 1 6.1 8		
			9.0		
FORM 990, PART VIII - FUNDRAISING EVENTS				ATTACHMENT 2	
10101 DOOR LANT VILL - FUNDRALSING EVENTS	<u> </u>	as. 47			
			ž		
	GROSS	A			NET
DESCRIPTION	INCOME			7	INCOME
				.d.	LINCOLIE
BOARD MEMBER FUNDRAISING EVENT	4.670	0			4,700.
ПОПАТ С					
TOTALS	4,70	10.			4,700.

DESCRIPTION	INCOME			INCOME
BOARD MEMBER FUNDRAISING EVENT	4,700			4,700.
TOTALS	4,700	- <b>≱</b>		4,700.
FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 3	
DESCRIPTION	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.		
IMPAIRMENT LOSS	1,677,183.	1,677,183.		The state of the s
PAYROLL EXPENSE	90,124.	39,178.	-1,969.	52,915.
TOTALS	1,767,307.	1,716,361.	-1,969.	52.915

2015

WASATCH PUBLIC MEDIA Description of Property

80-0166208

15,862. 15,933 15,862 Current-year depreciation Current-year amortization Current-year 179 expense GRS GRS ACRS class 5.000 5.000 Life 10.000 Conv. Ę Beginning Ending
Accumulated Accumulated Medepreciation depreciation thod Accumulated Accumulated amortization amortization Code 50,522. St 8,975. 101,511. 161,088. 161,008. 8,975. 50,522. 85,649. 145,146. 145,146. Basis for depreciation 50,522. 158,619. 8,975. 218,116. 218,116. Basis Reduction 179 exp. reduction in basis 100.000 100.000 158,619. 100.000 Bus. Unadjusted Cost or basis 8,975. 50,522. 218,116. 218,116. Cost or basis Date placed in service 09/24/2008 06/10/2009 09/09/2009 Less; Refired Assets. TOTALS Date placed in service Less: Retired Assets TOTALS Subtotals, ...... Asset description Asset description FURNITURE/FIXTURES DEPRECIATION **AMORTIZATION** Listed Property LEASEHOLD IMP EQUI PMENT

\*Assets Retired

JSA 5X9024 1.000