			Extended to May 15, 2			OMB No. 1545-0047			
For	_ g	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	From	Income Tax				
			 Do not enter social security numbers on this form a 	-		Open to Public			
Inter	nal Reve	of the Treasury enue Service	Information about Form 990 and its instructions is	-		Inspection			
ΑΙ	For the	e 2016 calend	ar year, or tax year beginning $ m JUL1$, 2016 and e	ending .	JUN 30, 2017				
B	Check if applicabl	le: C Name o	forganization		D Employer identified	cation number			
	Addre	ess MEND	OCINO COUNTY PUBLIC BROADCASTING						
	Name chang	050440							
	Initial return	r 005 0004							
	Final return termir	<u>895-2324</u> 560,119.							
	ated Amen return		own, state or province, country, and ZIP or foreign postal code O,CA 95466		G Gross receipts \$ H(a) Is this a group re	-			
	Applic tion pendi	^{ca-} F Name a	nd address of principal officer: JEFFREY PARKER		for subordinates				
	-	same	as C above		H(b) Are all subordinates in				
		empt status: [te: ▶ KZYX		or 527	<pre>/ If "No," attach a / H(c) Group exemption</pre>	list. (see instructions)			
			X Corporation Trust Association Other ►	L Year		State of legal domicile: CA			
	art I	Summary							
é	1	Briefly describ	be the organization's mission or most significant activities: Mendo	ocino	County Publ	ic			
and		Broadca							
Governance			x L lift the organization discontinued its operations or dispositing members of the governing body (Part VI, line 1a)			ssets.			
ß			lependent voting members of the governing body (Part VI, line Ta)			6			
Activities &			of individuals employed in calendar year 2016 (Part V, line 2a)			16			
iviti			of volunteers (estimate if necessary)			0			
Acti			d business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated	business taxable income from Form 990-T, line 34	 I		0.			
	8	Contributions	and grants (Part VIII, line 1h)		Prior Year 521,600.	Current Year 539,565.			
Revenue			ce revenue (Part VIII, line 2g)		0.	0.			
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,418.	20,554.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		540,018. 0.	560,119.			
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.			
s					247,998.	276,311.			
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) _ 133,14		0.	0.			
spe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 🕨 133,14	16.					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		309,953.	330,781.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		557,951. -17,933.	607,092. -46,973.			
or	19	Revenue less	expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year			
sets alanc	20	Total assets (I	Part X, line 16)		179,768.	151,975.			
Net Assets or Fund Balances	21		(Part X, line 26)		119,251.	138,431.			
J Fur	22		fund balances. Subtract line 21 from line 20		60,517.	13,544.			
			BIOCK Heclare that I have examined this return, including accompanying schedules	and states	agente, and to the bast of m	w knowledge and belief, it is			
	-	· · · · / ·	. Declaration of Areparer (othe) than officer) is based on all information of whi			/ KIIOWIEUYE AITU DEIIEI, IL IS			
	,			ion propulo		Februar 2018			
Sig	n		e of officer WAR		Date				
Her	е		REY PÄRKER, GENERAL MGR & EXECUTIV	/E DIE	RECTOR				
		,	print name and title	r	Date Check	PTIN			
Pai	d	Print/Type pre	parer's name Preparer's signature TILLIAMSON Shawn Williamson		1/24/18 if	$$ $$ $$ $$ $$ $$ $$			
Preparer Firm's name ► Fick, Eggemeyer & Williamson, CPA's Firm's EIN ► 37-1231621									
	Only		6240 S. Lindbergh, Ste 101						
St. Louis, MO 63123 Phone no.314-845-7999									
			s return with the preparer shown above? (see instructions)						
6320	01 11-1 S		For Paperwork Reduction Act Notice, see the separate instructio dule 0 for Organization Mission St		ent Continua	Form 990 (2016)			

	1990 (2016) MENDOCINO COUNTY PUBLIC BROADCASTING	68-0050440	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		F
	KZYX pledges to be a responsible and responsive county-with news, information, music, performing arts, entertainment		for
	features. KZYX&Z sees its programming as a complement to		F
	Mendocino's commercial media. The station seeks to foste		L
2	Did the organization undertake any significant program services during the year which were not listed on the	<u>si incicabea</u>	
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$ 302,990. including grants of \$) (Revenue KZYX pledges to be a responsible and responsive county-	ue \$)
	KZYX pledges to be a responsible and responsive county-	wide medium	for
	news, information, music, performing arts, entertainment		<u> </u>
	features. KZYX&Z sees its programming as a complement to		Γ
	Mendocino's commercial media. The station seeks to foste	er increased	
	communication among all.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
		·	,
4d	Other program services (Describe in Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 302,990.		
		Earm Q	90 (2016)

	U	 3	30	' (~	U
- 17					_	-

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	104		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-14		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G. Part III	10		IX

Form **990** (2016)

Form 990 (2016)	MENDOCINO	COUNTY	PUBLIC	BROADCASTING
Part IV	Checklist o	f Required Schedu	lles (continue	ed)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a h	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0.00		x
37	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		- 22
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_ <u>-</u>
-	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

Form	990 (2016) MENDOCINO COUNTY PUBLIC BROADCASTING 68-0050	440	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	Sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans 13b			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990	(2016)
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Page 5

MENDOCINO COUNTY PUBLIC BROADCASTING

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b		12b	Х	
	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	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 707-895-2324			
	PO BOX 1, PHILO, CA 95466			

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	(C) Position (do not check more than one						Reportable	Reportable	Estimated
Name and The	hours per	(do not check more than one box, unless person is both an				than is bot	one h an	compensation	compensation	amount of
	week	offic	cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			en sat		(W-2/1099-MISC)		organization
	organizations	ul trus	nal tr		loyee	duo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	hd	lnst	Offi	Key	Em	Fer			
(1) JOHN AZZARO	1.00									•
PRESIDENT		х		X				0.	0.	0.
(2) HEIDI DICKERSON	1.00									_
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) ED KELLER	1.00									
TREASURER		X		Х				0.	0.	0.
(4) JONATHAN MIDDLEBROOK	1.00									
SECRETARY		X		X				0.	0.	0.
(5) ASPEN LOGAN	1.00									
DIRECTOR		x						0.	0.	0.
(6) CLAY EUBANK	1.00									
DIRECTOR		x						0.	0.	0.
		1								
		 					<u> </u>			

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable			COUNTY	ζI	PUE	3L]	IC.	BF	202	ADCASTING	68-005	044	.0	Page 8
Name and title Average hues weak weak weak builts and avecomparison internet and avecomparison internet and avecomparison internet and avecomparison rom the organizations organizations organizations organizations organizations Performance and related organizations organizations organizations organizations Performance and related organizations organizations Performance and related organizations organizations Estimated organizations organizations Estimated organizations organizations Estimated organizations organizations Image: the state of the state organization of the state of the state of the state of the state organizations Image: the state of the state organizations Image: the state o	Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
Number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable or program. Output of the componentiation of the comp		(A)	(B)							(D)	(E)) (F		
POULE Set (list ary brief biol biol biol biol biol biol biol biol		Name and title	Average							Reportable	Reportable		Estim	ated
Interview of the second secon			hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation		amou	nt of
Production Production <td></td> <td></td> <td></td> <td colspan="4"></td> <td>or/trus</td> <td>tee)</td> <td>from</td> <td>from related</td> <td></td> <td>oth</td> <td>er</td>								or/trus	tee)	from	from related		oth	er
2 Total number of independent contractors (including but not limited to those listed above) who received more than				ector							v	C	ompen	sation
2 Total number of independent contractors (including but not limited to those listed above) who received more than				or dir	æ			ated		•	(W-2/1099-MISC)			
2 Total number of independent contractors (including but not limited to those listed above) who received more than				istee	truste			pens		(W-2/1099-MISC)			•	
2 Total number of independent contractors (including but not limited to those listed above) who received more than			°	ial tru	onal t		loyee	co m						
2 Total number of independent contractors (including but not limited to those listed above) who received more than				divid	stituti	ficer	y emp	ghest	rmer			0	rganiz	ations
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000				Ē	Ë	of	Ke	e H	Ъ			_		
c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
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c Total from continuation sheets to Part VII, Section A 0.00000000000000000000000000000000000														
c Total from continuation sheets to Part VII, Section A 	1b	Sub-total								0.	0	•		0.
d Total (add lines 1b and 1c) 0.00.00.00.000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual 3 X 4 For any individual sited on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 2 None Description of services </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0</td> <td>•</td> <td></td> <td>0.</td>										0.	0	•		0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 2										0.	0	•		0.
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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation (Compensation) 											· ·			0
1ine 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 X													Ye	s No
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		line 1a? If "Yes," complete Schedule J for si	uch individual									3	;	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) Compensation 1 Name and business address NONE Description of services Compensation 1 Compensation Image: Compensation Image: Compensation Image: Compensation 1 Compensation Image: Compensation Image: Compensation Image: Compensation 1 Compensation Image: Compensation Image: Compensation Image: Compensation 1 Image: Compensation Image: Compensation Image: Compensation <td< td=""><td>4</td><td>For any individual listed on line 1a, is the su</td><td>m of reportabl</td><td>le co</td><td>ompe</td><td>ensa</td><td>atior</td><td>n and</td><td>d otl</td><td>her compensation from</td><td>the organization</td><td></td><td></td><td></td></td<>	4	For any individual listed on line 1a, is the su	m of reportabl	le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization			
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (B) (C) Image: Compensation of the calendar year ending with or within the organization of services Compensation Compensation Image: Compensation of services Image: Compensation of services Compensation Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation of services Image: Compensation Image: Compensation		and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4	ł	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or a	Iccrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 0 0 Compensation 0 0 0 0 0 Compensation 0 0 0 0 0 Compensation 0 0 0 Compensation 0 0 0 0 Compensation 0 0 0 0 0 Compensation 0		rendered to the organization? If "Yes," com	plete Schedule	ə J f	or sı	ich j	pers	son .				. 5	5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of ser														
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Name and business address NONE Description of services Compensation			the calendar y	ear	endii	ng v	vith	or w	ithir		year.		(0)	
			address	NC	ONE	C					ervices	Com		tion
									_					
									+					
	2			ot li	nite	d to		•	stec	above) who received n	nore than			

	n 990 (i			NTY PUBL	IC BROADCA	STING	68-0050	440 Page 9
Pa	rt VII	_						
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		331,914.				
Am (С	Fundraising events	1c					
ilar İlar		Related organizations						
ns, Sim		Government grants (contribut	· ·	134,996.				
itio er (f	All other contributions, gifts, gran						
Oth		similar amounts not included abor		72,655.				
nd No		Noncash contributions included in lines			539,565.			
0.0	<u>n</u>	Total. Add lines 1a-1f		Business Code	555,505.			
Ð	2 a			Business Coue				
° zic	b							
Sel	c							
am	d							
Program Service Revenue	е							
đ	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	4	other similar amounts)						
	4 5	Income from investment of tax Royalties						
	5	noyalles	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
				►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		▶				
anı	8 a	Gross income from fundraising	•					
sver		including \$ contributions reported on line						
, B		Part IV, line 18	-	20,554.				
Other Revenue	b	Less: direct expenses						
0		Net income or (loss) from func		►	20,554.			20,554.
		Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d					-	00 == (
	12	Total revenue. See instructions.		🕨	560,119.	0.	0.	20,554.

MENDOCINO COUNTY PUBLIC BROADCASTING 68-0050440 Page 10

	Check if Schedule O contains a respons	e or note to any line in t (A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	276,311.	89,889.	98,033.	88,389
7	Other salaries and wages	270,311.	09,009.	90,033.	00,309
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0 -	Payroll taxes				
1	Fees for services (non-employees):				
a h	Management				
b		10,958.	516.	10,048.	394
с С	Accounting	10,550.	510.	10,0400	554
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
' g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	50,158.	48,817.		1,341
2	Advertising and promotion				_,
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	32,993.	32,818.	175.	
7	Travel	1,012.	30.	311.	671
B	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	2,883.		2,883.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	26,424.	26,424.		
3	Insurance	11,857.		11,857.	
4	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 0.)				
а	PROGRAMMING	49,574.	49,574.		
b	DUES AND SUBSCRIPTIONS	33,615.	24,852.	1,006.	7,757
c	TELEPHONE	27,575.	19,015.	8,560.	
d	FUNDRAISING	25,025.	-		25,025
e	All other expenses	58,707.	11,055.	38,083.	9,569
5	Total functional expenses. Add lines 1 through 24e	607,092.	302,990.	170,956.	133,146
6	Joint costs. Complete this line only if the organization			· · ·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

MENDOCINO	COUNTY	PUBLIC	BROADCA	STING

68-0050440 Page 11

I a	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,139.	1	3,481.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			44,042.	3	50,444.
	4	Accounts receivable, net		10,841.	4	7,561.	
Assets	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		32,318.	9	23,412.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	432,546.			
	b	Less: accumulated depreciation	10b	368,893.	87,314.	10c	63,653.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		1,439.	14	1,119.	
	15	Other assets. See Part IV, line 11			675.	15	2,305.
	16	Total assets. Add lines 1 through 15 (must equ			179,768.	16	151,975.
	17	Accounts payable and accrued expenses		52,869.	17	116,614.	
	18	Grants payable		18			
	19	Deferred revenue		20,943.	19	7,499.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and former					
liti		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			45,439.	23	13,500.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables ⁻	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D		0.	25	818.	
	26	Total liabilities. Add lines 17 through 25			119,251.	26	138,431.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc.	27	Unrestricted net assets			60,517.	27	13,544.
3ala	28	Temporarily restricted net assets		28			
Ыd	29	Permanently restricted net assets		29			
Fur		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec	quipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	or other funds		32	
z	33	Total net assets or fund balances			60,517.	33	13,544.
	34	Total liabilities and net assets/fund balances			179,768.	34	151,975.

Form **990** (2016)

Part X Balance Sheet

Form	990	(201)	6

Form	1990 (2016) MENDOCINO COUNTY PUBLIC BROADCASTING	68-0050	440	Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19.
2	Total expenses (must equal Part IX, column (A), line 25)	2			92.
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60),5	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1:	3,5	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk	e 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 year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2016)

SCHEDULE A	
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(Form	990	or	990-EZ
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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
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

rmation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo	orm990.
	Emplo

Internal Revenue Service	Info
Name of the organizati	on

yer	ide	ntifi	ica	tion	n	umb	er
-	~	~ ~	-	~ .		~	

					TY PUBLIC BR					8-0050440
Pa	rt I	Reason for Public	Charity S	Status (/	All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation beca	use it is: (For lines 1 through 12, (check only	one box.)			
1		A church, convention of ch	urches, or a	associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative						ii).		
4		A medical research organiz)(iii). Enter	the hospital's name.
		city, and state:	•		, ,				~ /	1 ,
5		An organization operated for	or the bene	fit of a co	llege or university owne	d or opera	ted bv a d	overnmental i	unit descril	ped in
		section 170(b)(1)(A)(iv). (C			5 ,		, ,			
6		A federal, state, or local go			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X									
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe			(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org					ed in coniu	unction with a	land-grant	college
		or university or a non-land-								
		university:	5 5	5	(,		, .	,,		
10		An organization that norma	Ilv receives	: (1) more	than 33 1/3% of its su	oport from	contributi	ons. members	ship fees. a	and gross receipts from
		activities related to its exen								
		income and unrelated busir		-	-					-
		See section 509(a)(2). (Con			, , , , , , , , , , , , , , , , , , ,			,	0	,
11		An organization organized a			ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operate	ed exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations	describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes t	he type c	of supporting organization	on and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization op	perated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving
		the supported organization	on(s) the po	ower to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete P	art IV, Se	ections A and B.					
b		Type II. A supporting org	anization s	upervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management o	of the suppo	orting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	t complete	Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	egrated. A s	supportin	g organization operated	in connec	tion with,	and functiona	Ily integrat	ed with,
	_	its supported organizatio	n(s) (see ins	structions	b). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrate	d. A supp	orting organization ope	rated in co	nnection \	with its suppo	rted organ	ization(s)
		that is not functionally int	egrated. Th	ne organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	tiveness
		requirement (see instruct	ions). You i	must con	nplete Part IV, Section	s A and D,	, and Part	V.		
е		Check this box if the orga						а Туре I, Туре	II, Type III	
		functionally integrated, or			nally integrated support	ting organi	zation.			
		er the number of supported of	•							
g		vide the following information i) Name of supported	n about the (ii) E		ed organization(s).	(iv) Is the orga	inization listed	(v) Amount of	fmonotony	(vi) Amount of other
	,	organization	(1) 🗠		(described on lines 1-10	in your govern	ing document?	support (see in		support (see instructions)
					above (see instructions))	Yes	No			
.										l

Schedule A (Form 990 or 990-EZ) 2016 MENDOCINO COUNTY PUBLIC BROADCASTING 68-0050440 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	615,231.	564,852.	507,794.	521,630.	560,119.	2,769,626.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	615,231.	564,852.	507,794.	521,630.	560,119.	2,769,626.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2,769,626.
_	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	615,231.	564,852.	507,794.	(d) 2015 521,630.	560,119.	2,769,626.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,769,626.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,	d fourth or fifth to	av vear as a sectio		
10	organization, check this box and stor				-		
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2016 (column (f))		14	100.00 %
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies	•		•			
h	33 1/3% support test - 2015. If the c						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
Ь	10% -facts-and-circumstances tes						
N.	more, and if the organization meets the						
	organization meets the "facts-and-circ				• •		
10	Private foundation. If the organization						
10	Finale roundation. If the organizatio	IT UIU HOL CHECK a		a, 100, 17a, 01 17t			• F 🖂

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MENDOCINO COUNTY PUBLIC BROADCASTING Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
3	are not an unrelated trade or bus-						
	incompany another 510						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization?	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	nization,
	check this box and stop here	<u> </u>					
Sec	tion C. Computation of Publi						
15	Public support percentage for 2016 (li	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Invest						
				ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	>
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-21-16		,	,			90 or 990-EZ) 2016

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1			
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		
	100		

Schedule A (Form 990 or 990-EZ) 2016 MENDOCINO COUNTY PUBLIC BROADCASTING 68-0050440 Page 5

			- 10	ige o
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a				
b c		tructions	•)	
-	Activities Test. Answer (a) and (b) below.	JUCIONS). Yes	No
2	AUTIVITIES LEST ATTAINE (a) ATTA DETOW.		162	

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- **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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2016

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2016 MENDOCINO COUNTY PUBLIC BROADCASTING 68-0050440 Page 6

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integra	ted Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MENDOCINO COUNTY PUBLIC BROADCASTING Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont

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	•• Type in Non-1 directorially integrated 505	(a)(b) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions	5		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
-	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2	016 MENDOC	INO C	COUNTY	PUBLIC	BROADCA	STING	68-0050440	Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section	formation. Pro es 1, 2, 3b, 3c, 4b D, lines 2 and 3;	ovide the 6 9, 4c, 5a, 6 Part IV, S	explanations 5, 9a, 9b, 9c ection E, lin	required by F , 11a, 11b, and es 1c, 2a, 2b,	Part II, line 10; d 11c; Part IV, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	n C,
	Section D, lines 5, 6, a (See instructions.)	and 8; and Part V	, Section I	=, lines 2, 5,	and 6. Also co	omplete this pa	art for any addition	hal information.	

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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.



Employer identification number

	MENDOCINO COUNTY PU	JBLIC BROADCASTING		68-0050440
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu	unds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor	advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds ca	an be used	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other pur	pose confe	rring
				Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation)	a historically	y important land area
	Protection of natural habitat	Preservation of a	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated I	by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas		<u> </u>	
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing	j conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onforcing con	convotion o	accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and emorcing con	Servatione	asements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	h 170(h)(4)(l	B)(i)
U	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	include, if applicable, the text of the footnote to the organizat	•		
	conservation easements.			g
Pa		Art, Historical Treasures,	or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue s	statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in fur	therance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue state	ement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance	of public se	ervice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			🕨 \$
				► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for fin	ancial gain,	, provide
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			🕨 \$

Schedule D	(Form 990)	2016
Schedule D		2010

		NO COUNTY						8-00			e 2
Par	t III Organizations Maintaining C	collections of A	rt, Histor	ical Tre	easures, o	or Other	[·] Simila	r Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ls, check ar	y of the	following tha	it are a sig	nificant u	se of its	collectio	n items	
а	Public exhibition	c	I 🗌 Loa	n or excl	nange progra	ams					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organizati	on's exem	pt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histo	ical treas	sures, or oth	er similar a	assets				
_	to be sold to raise funds rather than to be ma	aintained as part of	the organiza	tion's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	janizatio	n answered '	"Yes" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦	┌─┐.	
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:					•		
	De significar la classica								Amount		
	Beginning balance										
	Additions during the year										
f	Distributions during the year						1e 1f				
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						y:			Ξ.	••
Par											
	·	(a) Current year	(b) Prior		(c) Two year			ars back	(e) Four	years ba	ck
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	e held a	nd administe	ered for the	e organiza	ation	г		
	by:									Yes N	10
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	t VI Land, Buildings, and Equipm		owment fund	ds.							
1 0	Complete if the organization answere) Part IV lir	0 11 2 S	ee Form 000) Part X lii	no 10				
	Description of property	(a) Cost or c		(b) Cost			umulated	4	(d) Bool	(value	
	Description of property	basis (investr		basis (.,	eciation	1	(u) B00	Value	
1a	Land	· · · ·			,	1					
	Buildings										
	Leasehold improvements			3	4,765.		33,42	3.		1,342	2.
	Equipment				7,781.		35,47			2,313	
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)				6	3,653	3.

Schedule D (Form 990) 2016

 (Form 990) 2016	MENDOCINO Other Securities.	 	

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	818.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	🕨 818.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2016 MENDOCINO COUNTY PUBLI	C BROADCASTING	68-00)50440 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	560,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	560,119.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	5	560,119.	
Pa	rt XII Reconciliation of Expenses per Audited Financial S			
Pa		tatements With Expenses		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expenses	per Return	
	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	tatements With Expenses	per Return	
1	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements	tatements With Expenses	per Return	
1 2	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	per Return	
1 2 a	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ine 12a.	per Return	
1 2 a b	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ine 12a. 2a 2b 2c	per Return	607,092.
1 2 a b c	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	per Return1	<u>607,092.</u> 0.
1 2 b c d	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2b 2c 2d 2d	2e	607,092.
1 2 b c d e	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2b 2c 2d 2d	2e	<u>607,092.</u> 0.
1 2 b c d e 3	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2e	<u>607,092.</u> 0.
1 2 b c d 3 4	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e	<u>607,092.</u> 0.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d	2e	<u>607,092.</u> 0. <u>607,092.</u> 0.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	per Return 1 2e 3 4c	<u>607,092.</u> 0.

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

Part X, Line 2:

The	org	ganization	ı is	exempt	from	income	taxes	purs	uant	to	sect	ion	501(c)(3)
of	the	Internal	Reve	enue Se	rvice	Code.	Theref	lore,	no	prov	isio	n is	made	for
tax	es d	on income.	. Mer	ndocino	Count	y Publ:	ic Broa	adcas	ting	is	not	cons	idere	d a
private foundation.														

The Organization adopted the provisions of Accounting for Uncertainty in							
Income Taxes on July 1, 2016. The adoption of that guidance resulted in							
no change to the financial statements for prior periods. As of June 30,							
2017 and 2016, no amounts have been recognized for uncertain tax							
positions. The Organization's tax returns filed prior to fiscal 2015 are							
closed.							

Schedule D (Form 990) 2016	MENDOCINO	COUNTY	PUBLIC	BROADCASTING	68-0050440 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	rmation (continued)				

(Form 990 or 990-EZ) Department of the Treasury	nplete if the o	ntal Information Regarding e organization answered "Yes" or rganization entered more than \$	n Form 15,000 0 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19, or	^r if the	OMB No. 1545-0047
Name of the organization						E	mployer ide	entification number
		NO COUNTY PUBLIC					8-0050	
 required to comp Indicate whether the orga a X Mail solicitations b Internet and email c X Phone solicitations d X In-person solicitati 2 a Did the organization hav 	lete this par inization rais solicitations s ons e a written c	ed funds through any of the follow e Solicit: f Solicit:	ring acti ation of ation of al fundra al (inclu	vities. non-g gover aising ding o	Check all that apply overnment grants nment grants events fficers, directors, tru:	stees, o		
b If "Yes," list the 10 higher compensated at least \$5	-	viduals or entities (fundraisers) purs	suant to	agree	ments under which	the func	draiser is to l	be
(i) Name and address of in or entity (fundraiser	dividual	(ii) Activity	or cor	Did raiser ustody trol of utions?	(iv) Gross receipts to (nount paid etained by) ndraiser I in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	organizatic	n is registered or licensed to solicit			s or has been notified	d it is ex		egistration

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

Schedule G (Form 990 or 990-EZ) 2016

	G (Form 990 or 990-EZ) 2016						
Part II	Fundraising Events.	Complete if the org	anization ansv	vered "Yes" or	n Form 990, Part IV, line 18,	or reported more than \$15	,000

of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b, 1 ist events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			· · · ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
			VARIOUS			col. (c))
er			(event type)	(event type)	(total number)	
Revenue						
Sev	1	Gross receipts	20,554.			20,554.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	20,554.			20,554.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		•	
		2. Set expense caninary. Add intes + through				
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	20,554.
Pa	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)		►	20,554.
Pa	11	Net income summary. Subtract line 10 from I	ine 3, column (d)	990, Part IV, line 19, or	►	
	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	990, Part IV, line 19, or	►	
	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue B	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	11 irt 1	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue	11 irt 1	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue	11 irt 1	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue	11 irt 1	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue	11 Irt 1 2	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue	11 Irt 1 2	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	11 rt 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Revenue	11 rt 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d)	n 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue	11 rt 1 2 3 4	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes%	(d) Total gaming (add
Revenue	11 rt 1 2 3 4	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d)	n 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue	11 1 2 3 4 5	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes%	(d) Total gaming (add
Revenue	11 1 2 3 4 5	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes%	(d) Total gaming (add
Revenue	11 1 2 3 4 5 6	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes%	(d) Total gaming (add

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

a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
b If "No," explain:		

Schedule G (Form 990 or 990-EZ) 2016 MENDOCINO COUNTY PUBLIC BROADCASTING 68-005	0440	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	🗌 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party \triangleright \$		
c If "Yes," enter name and address of the third party:		
c in res, enter name and address of the third party.		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	Yes	🗌 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines	0 0 h 1	0h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	9, 90, 1	00, 100,

Schedule G	a (Form 990 or 990-EZ) Supplemental Info	MENDOCINO	COUNTY	PUBLIC	BROADCASTING	68-0050440	Page 4
Part IV	Supplemental Info	rmation (continued)					

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047 2016 Open to Public Inspection							
Name of the organizatio	identification number							
MENDOCINO COUNTY PUBLIC BROADCASTING68-0050440Form 990, Part I, Line 1, Description of Organization Mission:(88.1), is the community non-commercial radio station of Mendocino								
County serv	ing several counties in Northern California.	Tts						
programming	and operational philosophy is controlled by it n to all. Through its dedication to balanced,	ts mem						
programming,	Mendocino County Public Broadcasting reflects	s the	rich					
diversity of	the county, while promoting a sense of commun	nity a	cross a					
large and va	ried area. The finest in national public radio	o prog	rams is					
made availab	le, as well as local programs that are creativ	vely a	nd					
professional	ly produced, responding to the needs of the co	ommuni	ty.					
Form 990, Pa	rt III, Line 1, Description of Organization M	ission	:					
communicatio	n among all.							
Form 990, Part VI, Section B, line 11b:								
The 990 and audit are presented to the board and reviewed at a meeting of								
the board. Following that meeting, the 990 is filed.								
<u>Form 990, Pa</u>	rt VI, Section B, Line 12c:							
The board si	gns new conflict of interest letters annually	. If	there are					

any actual or perceived, conflicts, the policy has specific instructions as to how they should be resolved.

Form 990, Part VI, Section B, Line 15:

15A- The board does a comprehensive performance review on the executive

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MENDOCINO COUNTY PUBLIC BROADCASTING	Employer identification number 68-0050440
during the process.	
15B-Key employees compensation packages are set by the Ex	ecutive Director
within ranges adopted by the board based on the same crit	eria as stated in
<u>15</u> A.	
Form 990, Part VI, Section C, Line 18:	
The organization has it's tax information available at th	eir website and
upon request.	
Form 990, Part VI, Section C, Line 19:	
The organization has it's governing documents, conflict o	of interest
polocity and financial statements available to the public	upon request.
Form 990, Part XI, Line 2C	
This policy has not changed from prior years.	

Part	VI.	Section	С.	Line	19
T GT C	• - /	DCCCTOIL	\sim /	DTHC	

The	governing	documents,	board	list,	conflict	of	interest	policy,
	901011119	a o o annorr o o /	200470		001111100	~ -	THOOT 000	

whistleblower policy, 990's and financial statements are available at

KDHX.org. The 990's and board list are available on Guidestar. They

are also available on request.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

	En					Enter filer's identifying number	
Type or print						tion number (EIN) or	
-	MENDOCINO COUNTY PUBLIC BR		68-0050440				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, PO BOX 1	Social security number (SSN)					
instructions.	City, town or post office, state, and ZIP code. For a PHILO, CA 95466	foreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990)-T (trust other than above) The Organizati	06	Form 8870			12	
TelephIf the other second s	boks are in the care of \blacktriangleright PO BOX 1 - PHT none No. \blacktriangleright 707-895-2324 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	ss in the Ur Group Exe	Fax No. ►	this is fo	r the whol		
for ▶	, , , , , , , , , , , , , , , , , , , ,	organizatio	d ending JUN 30, 2017			zation return	
2 If th	tex year entered in line 1 is for less than 12 months,	check reas	on: L Initial return L I	-inal retur	'n		
	Change in accounting period				1		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nrefundable credits. See instructions.	J, or 6069,	enter the tentative tax, less any	3a	\$	0.	
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	refundable credits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your p using EFTPS (Electronic Federal Tax Payment System).	•	· · ·	3c	\$	0.	
	If you are going to make an electronic funds withdrawa			453-EO a	nd Form 8	879-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)