TENDED TO AUGUST 17, 2015 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 4 20 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990**

Check if applicable:	C Name of organization		D Employer identifi	cation number
Address	FAMILY STATIONS, INC			
Name	Doing business as		94_1	442453
change Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
Final	290 HEGENBERGER ROAD	noon/suite		568-6200
lreturn/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,993,068
ated Amended			H(a) Is this a group re	
Applica-	F Name and address of principal officer: THOMAS EVANS			? Yes X No
Ition pending	SAME AS C ABOVE		H(b) Are all subordinates in	
Taxaxam	npt status: \mathbf{X} 501(c)(3) 5 501(c)() 4 (insert no.) 4 4947(a)(1) or 527		list. (see instructions)
	WWW.FAMILYRADIO.ORG		H(c) Group exemption	
the second se	rganization: X Corporation Trust Association Other ►	I Voor		A State of legal domicile: C
	Summary	L real		VI State of legal dominicile.
		T A TMTN	C THE WORD	
8 1 Bri	riefly describe the organization's mission or most significant activities: PROC	LAIMIN	G THE WORD	OF GOD TO
	HE WORLD AND COMFORTING GOD'S PEOPLE.			
2 Ch	heck this box		and the second se	SSETS.
3 Nu				
8 4 NL	umber of independent voting members of the governing body (Part VI, line 1b)			10
5 To	otal number of individuals employed in calendar year 2014 (Part V, line 2a)			12
6 To	otal number of volunteers (estimate if necessary)			
V 7a To	otal unrelated business revenue from Part VIII, column (C), line 12			0
b Ne	et unrelated business taxable income from Form 990-T, line 34			0
			Prior Year	Current Year
9 8 Co	ontributions and grants (Part VIII, line 1h)		5,252,378.	5,414,605
9 Pr 10 Inv	rogram service revenue (Part VIII, line 2g)		0.	0
2 10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		35,850,898.	
11 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		293,046.	
12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,396,322.	4,378,233
13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0
14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0.	0
v 15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	5,616,538.	4,407,785
2 16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0
15 Sa 16a Pr b To	otal fundraising expenses (Part IX, column (D), line 25) 930,	191.		Contraction of the
17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,261,302.	
18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,877,840.	
19 Re	evenue less expenses. Subtract line 18 from line 12		27,518,482.	-6,529,434
20 To 20 To 21 To 22 Net 22 Net			ginning of Current Year	End of Year
20 To	otal assets (Part X, line 16)		.02,394,764.	
21 To	otal liabilities (Part X, line 26)		50,387,474.	
			52,007,290.	45,394,136
22 Ne	et assets or fund balances. Subtract line 21 from line 20		52,001,250.	10/001/100

Sign Here	Signature of officer THOMAS EVANS, PRESIDEN Type or print name and title	TAXPAYER'S COPY	Date
Paid	Print/Type preparer's name EDWARD M. FAHEY	Preparer's signature Date 07/3	Check PTIN if self-employed P00194561
Preparer	Firm's name RINA ACCOUNTANCY	CORPORATION	Firm's EIN 94-3158857
Use Only	Firm's address 100 MONTGOMERY S SAN FRANCISCO, 0	STREET, SUITE 2075	Phone no. (415) 777-4488
May the	IRS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2014) FAMILY STATIONS, INC 94-1442453 Page
Par	t III Statement of Program Service Accomplishments
5	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR CORE MISSION REMAINS TO PROCLAIM TO THE WORLD THE GOSPEL OF THE LORD JESUS CHRIST AND TO BRING COMFORT AND ENCOURAGEMENT TO OUR
	LISTENERS THROUGH THE READING OF SCRIPTURE AND UPLIFTING
-	BIBLICALLY - FAITHFUL MUSIC. Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? 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 XN If "Yes," describe these changes on Schedule O.
•	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 others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,153,585. including grants of \$) (Revenue \$)
та	FAMILY RADIO STRIVES TO MAINTAIN THE HIGHEST DEGREE OF INTEGRITY AND EFFECTIVENESS IN THE USE OF FINANCIAL GIFTS. THESE GIFTS ENABLE FAMILY RADIO TO BUILD AND OPERATE A NATIONAL NETWORK OF POWERFUL AM AND FM STATIONS AND TRANSLATORS THROUGHOUT THE UNITED STATES. TODAY BY USE OF SATELLITE, INTERNET AND TERRESTRIAL RADIO TECHNOLOGY FAMILY RADIO
	FURTHERS OUR MISSION INTO MANY FOREIGN COUNTRIES INCLUDING EUROPE, NORTH AFRICA AND THE CONTINENT OF ASIA.
	NORTH AFRICA AND THE CONTINENT OF ASTA:
łb	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,153,585.

15540730 759797 0111050 2014.04010 FAMILY STATIONS, INC 01110501

Form 990 (2014) FAMILY STATIONS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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	1.1	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	. Pro	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		100	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	5. J. Harrison	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	t.	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	2	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	1	(mone) ficting	100001362
	Part VI	11a	x	
b			1991 - 1995 - 1996 -	x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	_	A
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e		11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	-
12a				
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
ĩ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1.00	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
Ĩ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1.4	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	- 1
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	12.1		1
	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,	1		
10.00	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Form 990 (2014)

432003 11-07-14

	990 (2014) FAMILY STATIONS, INC 94-1442	2453	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1.50	5
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1.6	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040	5. 2	x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		Δ
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		2000- 2
A	any tax-exempt bonds?	24c		
		24d		100
204	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	05-		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		~
ĩ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	i.	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1.0		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1.1.1.1.1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- Alexandre		
	instructions for applicable filing thresholds, conditions, and exceptions):	anie Be		a set
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	5-1-1	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? <i>If "Yes," complete Schedule R, Part I</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	34	x	
35a	Part V, line 1 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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		12
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36	i.L.	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	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?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

Page 4

432004 11-07-14

Form 9	990 (2014) FAMILY STATIONS, INC		94-1442	453	Р	age 5
Part						No.
1.00	Check if Schedule O contains a response or note to any line in this Part V					
		1.1.1	[Marca Marca	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	130			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		and the	
	Did the organization comply with backup withholding rules for reportable payments to vendors and re				and the second	al-ast (19)
	(gambling) winnings to prize winners?			1c	X	-
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	-	14	
	filed for the calendar year ending with or within the year covered by this return		128	en delle	Sec. 1	17
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	-	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			Part of the	maria	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	-			S	v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)	·	4a	C.C. Martin	X
	If "Yes," enter the name of the foreign country:		(50.4.0)		Andreas and a	and the
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			N. PAUM	BREEDE	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		NAME OF A DESCRIPTION OF A	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			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			^ -	6 U	x
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut			6a	-	•
		1.2		Ch	÷	1.1
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	••••••		6b		105
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices prov	vided to the payor?	7a	and an end of	x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		1.62 (32)	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		Contraction of a contraction of the statement of the	10		
				7c		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	1 1		10	1.12	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		x
	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit contribution of the		 Machine Constraints and the second sec	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fi		to second and an all a reading the second	7g	-	
-	If the organization received a contribution of qualined intellectual property, did the organization me of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization me of the organization of cars, boats, airplanes, or other vehicles, did the organization me of the organization of cars, boats, airplanes, or other vehicles, did the organization me of the organization of the organizatio		and the second s	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			The second	1.0	Conserved and
				8	-	Construction of
	Sponsoring organizations maintaining donor advised funds.			and the	Constant A	Long?
	Did the sponsoring organization make any taxable distributions under section 4966?			9a	110×2×2×	Man Print 1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			-	Stephene .	and the second
	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			The second	and the
	Section 501(c)(12) organizations. Enter:				ALL DESCRIPTION	i la com
	Gross income from members or shareholders	11a			THE REAL	
	Gross income from other sources (Do not net amounts due or paid to other sources against			a land	Street.	
	amounts due or received from them.)	11b		Sec.	1 State	Sales -
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		a de la companya de la company	12a	-	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Che	1 work	a di sta
	Section 501(c)(29) qualified nonprofit health insurance issuers.			The second	A DECEMBER	PHENERS
	Is the organization licensed to issue qualified health plans in more than one state?		- 12 I. I. I. I.	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Sec.	17.14	1
	Enter the amount of reserves the organization is required to maintain by the states in which the				Contraction of the second	
	organization is licensed to issue qualified health plans	13b		The		
	Enter the amount of reserves on hand	13c			THE REAL	
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
	in the stand of th			-	000	1004

Form 990 (2014)

432005 11-07-14



Form			1	
	990 (2014) FAMILY STATIONS, INC 94-144 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	453	P	age 6
1 41	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	a "No" r	espon	se
				-
Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Jec	tion A. Governing body and Management	-		
1.	Enter the number of veting members of the governing hadvet the and of the terrors	-	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	3	a state	
	If there are material differences in voting rights among members of the governing body, or if the governing	Vie P		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	Solar Ja		
D	Enter the number of voting members included in line 1a, above, who are independent	L		als.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Distante	
3	officer, director, trustee, or key employee?	2	-	X
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?		12	v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	1	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6		5	-	X
100700	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	-	X
74		7-	1.56	x
h	more members of the governing body?	7a		-
	persons other than the governing body?	7b	12	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	alendering a	Λ
		8a	x	ALC: NO BED
b	The governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	uo	A	
3	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.)	9	2	Λ
	ton bit onoted (mis decion b requests information about poincies not required by the internal nevenue code.)	-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	11.00
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a		12a	x	COLUMNS .
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
100	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
C	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent	a loss of		100
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	CCC	x
- 7	Other officers or key employees of the organization	15b	1977	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		a salet	Service Service
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Salar
ioa	taxable entity during the year?	16a	Contract Contract	x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ALC: NO		
	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 CA, FL, IL, MD, MN, TN, VA, WI	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly) available
	for public inspection. Indicate how you made these available. Check all that apply.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and financial
	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: ►_ RICK E. SMITH - 510-282-3111	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	Form 990 (2014
	State the name, address, and telephone number of the person who possesses the organization's books and records: ►_ RICK E. SMITH - 510-282-3111	Form 990 (2014

Form 990 (2014)



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 (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUE ESPINOZA	40.00							and the second		
SECRETARY/TREASURER	10.00	X		X		-		55,563.	0.	5,268.
(2) THOMAS EVANS	40.00		5			1.2		02 072	0	5 969
PRESIDENT & GENERAL MANAGER	10.00	X	-	X	-			83,073.	0.	5,268.
(3) JIM GROARK TREASURER	10.00	x		x				0.	0.	0.
										and the second
				0				-		
				10						1.0 4
						1				
		12	2							
				1				-		
		-								
									4	
				ľ			1	192 - C.		
		-								
432007 11-07-14										Form 990 (2014)

15540730 759797 0111050

2014.04010 FAMILY STATIONS, INC

(A)	ustees, Key Em (B)	ploy	ees		d Hi C)	ghe	st Co	ompensated Employee (D)	es (continued) (E)	Т	(F	;)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	nan	Reportable compensation from	Reportable compensation from related	e Estimate on amount		ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		comper from organiz and re organiz	the the zation
				-							199	
										_		
			10.4								1.1	
	2									1	-	
									. <u>t</u>			
1b Sub-total c Total from continuation sheets to Part	VII, Section A							138,636.	0			536 0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including bu compensation from the organization 							lo re	138,636. ceived more than \$100	0,000 of reportable	•	10,	536
3 Did the organization list any former offic	er, director, or tru	ustee	ə, ke	v en	npla	ovee.	or h	ighest compensated er	nplovee on		Ye	-
line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i> 4 For any individual listed on line 1a, is the	r such individual							·····		•	3	X
and related organizations greater than \$ 5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion f	rom	any	unr	elate	d organization or individ	dual for services	•	4	X
rendered to the organization? If "Yes," co Section B. Independent Contractors											5	X
1 Complete this table for your five highest the organization. Report compensation f	and the second sec							the organization's tax y		nsat		
(A) Name and busine				- //			_	(B) Description of se	ervices	Co	(C) mpensa	tion
		ON	, 1	VA	2:	220	91	EGAL SERVIC	ES	-	259,	352
FLETCHER HEALD & HILDRE 1300 N 17TH ST 11TH FL,	ARLINGTO								- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	ARLINGT				-		-					
	ARLINGT											
	ARLINGT										i de Liste	

15540730 759797 0111050

8 2014.04010 FAMILY STATIONS, INC Form 990 (2014)
Part VIII

FAMILY STATIONS,

INC

94-1442453 Page 9

II Statement of Revenue	6
-------------------------	---

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
1 a	a Federated campaigns	1a					
ł	b Membership dues	1b			Constant and		
	c Fundraising events						
	d Related organizations			and the second second	Notes -		State State
	e Government grants (contribu			and the second	A DESCRIPTION OF THE OWNER OF		Second Super-
	f All other contributions, gifts, gra	and the second se					a start and a start
	similar amounts not included ab		5,414,605.		Same and the second		and the second second
	g Noncash contributions included in line			New York Contractor	State of the state of the		and the second sec
	h Total. Add lines 1a-1f			5,414,605.	State on the second		
			Business Code			ALL STREET	-
2 :	a				NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.		
				States of the second			1.000
	c					1.1.1.1	
	d			A CONTRACTOR	Contraction of the second		
					the second second		1.1.1.1
	f All other program service rev						Martin Charles Party
	g Total. Add lines 2a-2f						
3	Investment income (includin		4253				
	other similar amounts)			19,079.			19,07
4	Income from investment of t	and the second					
5	Royalties			12,288.	A CONTRACTOR OF STREET	CAR COMPANY AND	12,28
		(i) Real	(ii) Personal		All Contractions		The second second
6			•	Service and the service of the servi	- AND - AND		A CARDON AND
1	b Less: rental expenses	. 0	•				
	c Rental income or (loss)	250,096			and the second second	A STREET, SOL	
	d Net rental income or (loss)			250,096.			250,09
7	a Gross amount from sales of	(i) Securities	(ii) Other				LANC ON
	assets other than inventory		297,000.	A State of the second s			
	b Less: cost or other basis		- 4				a series and
	and sales expenses		1,614,835.				
	c Gain or (loss)				and the second		Carl Carline Carl
	d Net gain or (loss)			-1,317,835.			-1,317,83
	a Gross income from fundrais						a and a second second
U	including \$	of			State of the state		The Contract
	contributions reported on lin			ATTAL STREET	10		
	Part IV, line 18				and a state of		A State of the second
	b Less: direct expenses						A STATE LA
	c Net income or (loss) from ful		·		and the second		Distriction of the second second
					State of the	No. of the other	The second second second
9	a Gross income from gaming a			"我"的"是"			
	Part IV, line 19				AND STREET		
	b Less: direct expenses						The second s
	c Net income or (loss) from ga						
10	a Gross sales of inventory, les				and the second		
	and allowances				See the second		
	b Less: cost of goods sold		b				
	c Net income or (loss) from sa	ales of inventory			MINE PORT OF SCHOOL STRATES A 10514	of the second sold sold sold.	
	Miscellaneous Rever	nue	Business Code				
11	a	A Carlos Andrews			the second second		-
	b						
	and the second se		6		+		
	d All other revenue					May R	- C
	e Total. Add lines 11a-11d						
	Total revenue. See instruction			4,378,233.	0.		01.036.37
12	Total revenue See instruction	S.		4 3/0 433.			

15540730 759797 0111050

2014.04010 FAMILY STATIONS, INC

Form 990 (2014)

FAMILY STATIONS, INC Part IX Statement of Functional Expenses



/D, C	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGCS	general expenses	expenses
	and domestic governments. See Part IV, line 21	1 A. 1			Contract of the second second
2	Grants and other assistance to domestic	210		Contraction of the second s	
	individuals. See Part IV, line 22				and the second second second
3	Grants and other assistance to foreign			and the second s	
	organizations, foreign governments, and foreign			and the second s	
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				and the second second second
5	Compensation of current officers, directors,	140 170	·*.	140 170	
	trustees, and key employees	149,172.	1	149,172.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	3,449,397.	2,439,067.	569,436.	440,894.
8	Pension plan accruals and contributions (include	5,445,557.	2,455,007.	505,450.	440,094
0	section 401(k) and 403(b) employer contributions	10			
9	Other employee benefits	224,215.	164,818.	33,389.	26,008.
10	Payroll taxes	585,001.	355,308.	198,254.	31,439
11	Fees for services (non-employees):	505,001.	555,500.	190,291.	51,455
	Management		4+		
	Legal	283,227.		283,227.	
	Accounting	46,900.		46,900.	
	Lobbying	10,5001		10/5001	
	Professional fundraising services. See Part IV, line 17	1	Constant Store	man California 22	
f	Investment management fees			MONTONIS AND A REPORT OF A REAL PROPERTY	100
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ĩ	column (A) amount, list line 11g expenses on Sch 0.)	335,580.	335,580.		
12	Advertising and promotion	761.	761.		
13	Office expenses	706,548.	455,899.	19,468.	231,181
14	Information technology				
15	Royalties	A			
16	Occupancy	180,972.	85,855.	95,117.	l and
17	Travel	64,456.	59,181.	5,275.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			1940	
20	Interest	708,465.	708,465.		
21	Payments to affiliates			10 110	0.007
22	Depreciation, depletion, and amortization	512,920.	463,104.	40,119.	9,697
23	Insurance	39,763.	2,358.	34,038.	3,367
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1,728,844.	1,543,948.	979.	183,917
		808,236.	533,215.	275,021.	
	BROADCAST UTILITIES MONITOR AND SERVICE TRA	272,653.	272,653.		
		255,166.	214,834.	40,166.	166
d	All other expenses	555,391.	518,539.	33,330.	3,522
	Total functional expenses. Add lines 1 through 24e	10,907,667.	8,153,585.	1,823,891.	930,191
25 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

432010 11-07-14

15540730 759797 0111050

10 2014.04010 FAMILY STATIONS, INC Form 990 (2014)

Form 990 (2014)
Part X Balance Sheet FAMILY STATIONS,

		Check if Schedule O contains a response or note to any	line in this Part X	-		
S.L.,				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		54,868,687.	1	32,670,633.
	2	Savings and temporary cash investments			2	22,207.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,773.	4	25,373.
	5	Loans and other receivables from current and former off		Constraints of the Constraints		designed and the second second
		trustees, key employees, and highest compensated emp	loyees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers		and the second second second		
		section 4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing	Statement and a statement of the		
	1.0	employers and sponsoring organizations of section 501(and a subscription of the second s	A CONTRACTOR OF CASE	Colores N	No. Constanting States
ets		employees' beneficiary organizations (see instr). Comple			6	
Assets	7	Notes and loans receivable, net		1,914,427.	7	3,452,257.
4	8	Inventories for sale or use		12,530.	8	12,530.
	9			143,047.	9	144,464.
	10a	Land, buildings, and equipment: cost or other	10 000 000	Sector Sector		
	1	basis. Complete Part VI of Schedule D 10a	19,288,960.	6 969 184		E EC4 010
	and the second s			6,060,474.		5,764,818.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	and the second second
	13	Investments - program-related. See Part IV, line 11	같다. 1 2 11년 11년 12월 12월 12일 2 11일 2 12일 2 12		13	and the second s
	14	Intangible assets		20 207 000	14	20 110 000
	15	Other assets. See Part IV, line 11		39,387,826.	15	38,119,978.
	16	Total assets. Add lines 1 through 15 (must equal line 34		102,394,764.		80,212,260.
	17	Accounts payable and accrued expenses		1,327,461.	17	612,848.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV or		Children and An Arabitation	21	All Contract of Contract
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and d				
bili		Complete Part II of Schedule L	N92.	142,516.	22	International State Property in Bullet States with
Lia	00	Secured mortgages and notes payable to unrelated third		16,167,465.		1,455,244.
	23 24	Unsecured notes and loans payable to unrelated third p		10,107,405.	24	1,100,211.
	24	Other liabilities (including federal income tax, payables to			24	2
	20	parties, and other liabilities not included on lines 17-24).				
		Schedule D		32,750,032.	25	32,750,032.
	26	Total liabilities. Add lines 17 through 25		50,387,474.		34,818,124.
11	20	Organizations that follow SFAS 117 (ASC 958), check		AND CONTRACTOR	- Andrew	and and and all
6		complete lines 27 through 29, and lines 33 and 34.				
JCe	27	Unrestricted net assets		52,007,290.	27	45,394,136.
alar	28	Temporarily restricted net assets			28	See .
B	29				29	
'n		Organizations that do not follow SFAS 117 (ASC 958)				
L L	1.1	and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment			31	
t A	32	Retained earnings, endowment, accumulated income, o			32	
N	33	Total net assets or fund balances		52,007,290.		45,394,136.
	34	Total liabilities and net assets/fund balances		102,394,764.	34	80,212,260. Form 990 (2014)

INC

Form 990 (2014)

432011 11-07-14

	1990 (2014) FAMILY STATIONS, INC	94-	1442453	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,378	3,23	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,907	7,6	67.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,529	9,43	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,007	7,2	90.
5	Net unrealized gains (losses) on investments	5	-83	3,7:	20.
6	Donated services and use of facilities	6			1
7	Investment expenses	7	5	-	
8	Prior period adjustments	8		1	The
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			1.8	
41	column (B))	10	45,394	1,1	36.
Pa	rt XII Financial Statements and Reporting				sine.
	Check if Schedule O contains a response or note to any line in this Part XII				X
2.1				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- Internet		THE SHE
	If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedul	0	Cite and a	- and	

-		THE CONTRACT	and the loss	A THE REAL PROPERTY
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	a diamana		「二」の目
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:		the second	
	Separate basis Consolidated basis Both consolidated and separate basis		Kare	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	Select in		
	consolidated basis, or both:	A CAL		a l'aleit
	Separate basis X 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 audit,	9		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			2
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	100		1.1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
			000	terr riteration

Form 990 (2014)

432012 11-07-14

SCHEDULE A

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

Public Charity Status and Public Support

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

	ent of the Treasury Revenue Service	Informati	a star and an	Attach to Form 990 or I Form 990 or 990-EZ) and	Form 990-	EZ.	ww.irs.aov/fo	rm990.	Open to Public Inspection
Name	of the organizati								identification number
		FAMI	LY STATION	S, INC				9.	4-1442453
Parl	I Reason	for Public (Charity Status (A	All organizations must c	omplete th	nis part.) Se	e instruction	s.	1 1111100
The or				For lines 1 through 11, o					
1				n of churches describe)(A)(i).		
2			ion 170(b)(1)(A)(ii). (A						
3				anization described in s	ection 170	0(b)(1)(A)(ii	n.		
4				njunction with a hospita				(iiii). Enter t	the hospital's name
	city, and stat							And Enter of	and noophal o namo,
5 [or the benefit of a col	llege or university owne	d or opera	ted by a do	overnmental	unit describ	ed in
			Complete Part II.)						
6				nental unit described in	section 1	70(b)(1)(A)	(v).		
7 [ntial part of its support				he general	public described in
			omplete Part II.)						
8				1)(A)(vi). (Complete Par	t II.)				
9 [than 33 1/3% of its sup		contributio	ons, member	ship fees, ar	nd gross receipts from
				ct to certain exceptions.					
				(less section 511 tax) fr				and the second se	
			mplete Part III.)					3	
10				vely to test for public sa	afety. See	section 50	9(a)(4).		
11 [the second se			vely for the benefit of, t				arry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). C	heck the box in
	lines 11a thro	ough 11d that	describes the type of	f supporting organizatio	n and con	nplete lines	11e, 11f, an	d 11g.	
а				upervised, or controlled				100 March 100 Ma	giving
	the true of the			gularly appoint or elect	100	100 million 100 million			
	organizatio	n. You must o	complete Part IV, Se	ctions A and B.					
b				or controlled in connect	tion with i	ts supporte	ed organizatio	on(s), by hav	ving
				anization vested in the s		and the second se			
			t complete Part IV,						
с				g organization operated	in connec	tion with, a	and functiona	lly integrate	d with,
			-). You must complete					
d		10000		orting organization ope				rted organiz	zation(s)
				ation generally must sa					
				plete Part IV, Section					
е	Check this	box if the orga	anization received a v	written determination fro	om the IRS	S that it is a	Type I, Type	II, Type III	
				nally integrated support					
f									
			n about the supporte		_				
1.2	(i) Name of supp		(ii) EIN	(iii) Type of organization		organization in your	(v) Amount o		(vi) Amount of
	organization	n		(described on lines 1-9 above or IRC section		document?	suppor		other support (see Instructions)
				(see instructions))	Yes	No	Instruc	lons)	instructions)
						_			
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-			
	all a second			19					
1.10			3.						
					11.1			· · · · ·	
	A Press of the	1	P A STATES		1 100 0	e the train	no t		
Total		1 martin	日本 法学业 学习						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

15540730 759797 0111050

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2014 FAMILY STATIONS INC Part II



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

Sectio	on A. Public Support		ale in each lite week	-19-10 C			
Calendar	r year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ts, grants, contributions, and mbership fees received. (Do not				(4) 2010	(6) 2014	(1) 10(a)
inc	lude any "unusual grants.")	18,720,621.	16,964,684.	6,207,156.	5,252,378.	5,414,605.	52,559,444.
izat	k revenues levied for the organ- tion's benefit and either paid to expended on its behalf				5,252,570,	5,414,005.	
furr	e value of services or facilities nished by a governmental unit to organization without charge	5					
	tal. Add lines 1 through 3	18,720,621.	16,964,684.	6 207 156	5 252 252		
5 The by	e portion of total contributions each person (other than a	10,720,021.	10,904,004.	6,207,156.	5,252,378.	5,414,605,	52,559,444.
	vernmental unit or publicly ported organization) included		a loss and a		and the second second	State State State State	
on	line 1 that exceeds 2% of the ount shown on line 11,						
colu	umn (f)	a present a family start of				States and the set	
6 Put	blic support. Subtract line 5 from line 4.	du test status and					E2 EE0 444
Sectio	n B. Total Support			AND THE POST OF THE PARTY OF THE PARTY OF	Contractor of the second s	and the second second second	52,559,444.
Calendar	year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ounts from line 4	18,720,621.	16,964,684.	6,207,156.	5,252,378.	5,414,605.	52,559,444.
8 Gro	ess income from interest, dends, payments received on				5,252,576.	5,414,005.	
sec	urities loans, rents, royalties		1 5 June 1	and the state of the			
	income from similar sources	492,451.	266,029.	214,813.	299,880.	281,463.	1,554,636.
acti	income from unrelated business ivities, whether or not the						
	iness is regularly carried on						
or lo	er income. Do not include gain oss from the sale of capital ets (Explain in Part VI.)						
	al support. Add lines 7 through 10			COMPANY COMPANY			54,114,080.
	ss receipts from related activities,	etc. (see instruction	ons)			12	54,114,000.
13 Firs	t five years. If the Form 990 is for	the organization's					
orga	anization, check this box and stop n C. Computation of Publi	here					••••••••••••••••••••••••••••••••••••••
14 Pub	lic support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	97.13 %
15 Pub	lic support percentage from 2013	Schedule A, Part	II, line 14			15	97.56 %
16a 33 ·	1/3% support test - 2014. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or m	nore, check this box	and
sto	phere. The organization qualifies	as a publicly supp	orted organization				> X
b 33 ·	1/3% support test - 2013. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
and	stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a 10%	6 -facts-and-circumstances test	t - 2014. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
and	if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organi	zation
mee	ets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	l organization		▶□
	6 -facts-and-circumstances test re, and if the organization meets	100 Tel 100					0% or
orga	anization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	nization	
18 Priv	vate foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·····
200 C 100 C					Caba	dula A /Farma 000	000 ET) 0014

nedule

432022 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		Contraction of the second			1	1.46
Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and		and the second		1.04		1210
membership fees received. (Do not						
include any "unusual grants.")			Estange			
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			· · · · · · · · · · · · · · · · · · ·	1
are not an unrelated trade or bus- iness under section 513		e tra fi				1 - 1 - E
4 Tax revenues levied for the organ-		1	12.20			
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			P2 2		1.1.1.1.1.2.	Sec. 14
6 Total. Add lines 1 through 5		55.0				
7a Amounts included on lines 1, 2, and		1.1.1.1.2.19	S 8.		5	1.1.1.1.1.1.1
3 received from disgualified persons		a de la cara				12.1.1
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			1	Sec.		14 Aug - 19
8 Public support (Subtract line 7c from line 6.)	The second second	density of the second				
Section B. Total Support					and the second	1. 1. 1. 1. 1. N.
Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		19 ⁻² 15 N	3. T			and the second
10a 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						
c Add lines 10a and 10b		1.1.2.1.2.4.15	and the second	1 1 1 1 1 h	1	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
14 First five years. If the Form 990 is for t	the organization'	s first, second, thin	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Public					T and	1.2.2.1
15 Public support percentage for 2014 (lin					15	9
16 Public support percentage from 2013					16	9
Section D. Computation of Invest	and the second se	and the second sec			T 1	
17 Investment income percentage for 201						9
18 Investment income percentage from 20						9
19a 33 1/3% support tests - 2014. If the c						
more than 33 1/3%, check this box an						
	prognization did	not check a box or	n line 14 or line 19	a, and line 16 is m	lore than 33 1/3%,	and
b 33 1/3% support tests - 2013. If the c						
 b 33 1/3% support tests - 2013. If the original line 18 is not more than 33 1/3%, check 20 Private foundation. If the organization 	k this box and s	stop here. The org	anization qualifies	as a publicly supp	ported organization	۰ ۲

¹⁵ 2014.04010 FAMILY STATIONS, INC

Schedule A (Form 990 or 990-EZ) 2014 FAMILY STATIONS, INC

Part IV Supporting Organizations

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

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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

432024 09-17-14

15540730 759797 0111050

16 2014.04010 FAMILY STATIONS, INC

Schedule A (Form 990 or 990-EZ) 2014

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2014 FAMILY STATIONS, INC Part IV Supporting Organizations (continued)

94-1442453 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		a oraș	estion.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	- THINGS
	below, the governing body of a supported organization?	11a	- A.	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	Did the directory twisters as membership of one or more superior to demonstrations have the	THE PROPERTY OF	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	an press		
	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	- Dell'al Artes - Al	dine and a second	
	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		d WITCHIN	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	(STOD) IN	inte all'a
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? <i>If</i> "Yes," <i>explain in</i> <i>Part VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	Contraction of	Contractory	HT AND
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2000		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	The Revenues		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	1.1		
		Carlo House Carlo	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Sec.		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	Tolk species	Pelo shine	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	- A Three		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	N. CONTRACT
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	CONTRACTOR OF	Chornes Constant
3	By reason of the relationship described in (2), did the organization's supported organizations have a	and the	all services	
	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	State State	S. Tak	10/0/1
Cas	supported organizations played in this regard.	3		-
	tion E. Type III Functionally-Integrated Supporting Organizations	a):		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction The organization satisfied the Activities Test. Complete line 2 below.	15).		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	1	
2	Activities Test. Answer (a) and (b) below.	instructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	e sair - i	100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	and the second		199
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Section 1	- discussion	and a
	how the organization was responsive to those supported organizations, and how the organization determined	(Since		
	that these activities constituted substantially all of its activities.	2a	Sector Sector	in contraction
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Ref united		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	100		
	reasons for the organization's position that its supported organization(s) would have engaged in these	and the second second		
	activities but for the organization's involvement.	2b	and the second second	
3	Parent of Supported Organizations. Answer (a) and (b) below.	-	ONE CONTRACTOR	
a	Did the provide the second and a second at a second at a main the of the officers directors or	and the second	and the second	
d	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
			- Siles	a di da
h	Did the organization exercise a substantial degree of direction over the policies. programs, and activities of each	1.000 1.000	Contraction of the local division of the loc	
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.	3b	Contra alter	

15540730 759797 0111050

^{2014.04010} FAMILY STATIONS, INC

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			unting All
1	other Type III non-functionally integrated supporting organizations must con			uctions. All
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1	Net short-term capital gain	1		(optional)
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			
U	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		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		MP COMPLETE	(vyr nor rour	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	inge der de		A CONTRACTOR OF THE OWNER
	instructions for short tax year or assets held for part of year):	alia de servicio	in every set to set out	States Contraction
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	Contraction of the		
	factors (explain in detail in Part VI):	anier a colore		
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		- SH-
6	Multiply line 5 by .035	6		1
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	and a standard a standard a standard a standard a s	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Concerns Beneficial	
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		Service and and the service	
-	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 FAMILY STATIONS, INC

ecti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex	empt purposes		e all'etter e da
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organization	S	
1	Amounts paid to acquire exempt-use assets	1923 A. M. A.		
5	Qualified set-aside amounts (prior IRS approval required)			A STATE OF STATE
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
В	Distributions to attentive supported organizations to which	the organization is responsive)	V
	(provide details in Part VI). See instructions.	8		Letter -
9	Distributable amount for 2014 from Section C, line 6			
)	Line 8 amount divided by Line 9 amount			
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	Contraction of the second second	The subscription of the	
2	Underdistributions, if any, for years prior to 2014	The second second second second		Construction of the American Construction of the
	(reasonable cause required-see instructions)	and the second sec		Street and the second second
3	Excess distributions carryover, if any, to 2014:	and the second se		Responses of the
a				
b	and the second		and the second	A DESCRIPTION OF THE OWNER
с	Service of the servic		No. I State State State	State of the second
d	and the second			
e	From 2013		Service of the servic	Contraction of the strength
f	Total of lines 3a through e			Sector Sector Sector
	Applied to underdistributions of prior years	and the second second second second second		
	Applied to 2014 distributable amount	The second second second		
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A CONTRACTOR OF A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF A CONTRACT. CONTRACTACT OF A CONTRACT OF A CONTRACT. CONTRACTACT OF A CONTRACT OF A CONTRACT	No. of Concession, Name
4	Distributions for 2014 from Section D,			A BROWN IN THE PLANES.
	line 7: \$			
a	Applied to underdistributions of prior years	State of the second		and all the second second
	Applied to 2014 distributable amount	No. of Concession, Name	and the second	and the second second
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if	869		Contraction of the second
	any. Subtract lines 3g and 4a from line 2 (if amount	A CONTRACT OF		
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h		Ref. Southern and	
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).	And the second	and the second second	
7	Excess distributions carryover to 2015. Add lines 3j		Constraints of the	
`	and 4c.	in and a	the state of the s	Alter March
8	Breakdown of line 7:	No. C. Stateman C. Stateman	Constant States of State	The Star Sta
1		a the second second second	adder and the second	California California California
a	the state of the state of the state of the			THE OF SHE
b		A CONTRACTOR OF THE OWNER	States and the states	
c	Europe from 0012	with a start with the		States and States
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Part VI S	upplemental Information.	ional information. (See in	s required by Part II, li	ne 10; Part II, line 17	a or 17b; and Parl	: III, line 12.
	so complete this part for any additi					
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second second	and the first	
	A COMPANY AND A COMPANY AND A COMPANY					
		A Carlo and a carlo			the second s	and the second
				the state of the second se	2011	2
		and the second second	Res Sullive		14 · 1 · 14 · 14 ·	
-		and the second				
the second second	the second s		State of the State	Part of the second s		
	. ³⁸					
		A CONTRACTOR OF THE OWNER				
						118
4						
					100	N N
						100
and the first						1.3.2.2
		States and the states of the s				the set
Carlos A.						
24.15.24		and the second		S. S. S.	14. C. 1	
and the second				the second second	dule A (Form 990	

Schedule B	
Form 990, 990-EZ, or 990-PF)	
epartment of the Treasury	

Name of the organization

Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

FAM] Organization type (check one):

AMILY STATIONS, INC	AMILY STATI	ONS,	INC
---------------------	-------------	------	-----

0	1-1		24	-	2

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Part I

Page 2

Employer identification number

94-1442453

FAMILY STATIONS, INC

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person We respect the rights of our donor's private Payroll information, and have chosen to blank out this 286,372. Noncash \$ section for this venue of posting. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

15540730 759797 0111050

423452 11-05-14

2014.04010 FAMILY STATIONS, INC

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization



Employer identification number

94-1442453

FAMILY STATIONS, INC

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

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

15540730 759797 0111050

23 2014.04010 FAMILY STATIONS, INC

me of orga	(Form 990, 990-EZ, or 990-PF) (2014) nization		Pa Employer identification number
8)-			
AMILY	STATIONS, INC		94-1442453
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 fo
Contractical	the year from any one contributor. Complete (columns (a) through (e) and the following li	ne entry. For organizations
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or less for al space is needed	r the year. (Enter this into, once.)
a) No.	Ose duplicate copies of Fart in it addition	al space is needed.	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
18 S.			
- C			
1.1		(e) Transfer of gift	
44 M (S	배원 것 같은 것 같은 것 같은 것 같은 것	그는 그 그 가장에 생각하는	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1.			
1.1	and the second s		the second se
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0) 000 0. g	(a) Decemption of new given one
1.0		(e) Transfer of gift	
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee
e partes			
	S. S. Constant and the second s		
ŀ			
a) No.			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from		(e) Transfer of gift	
from	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held
from		(e) Transfer of gift	
from		(e) Transfer of gift	
from		(e) Transfer of gift	
from Part I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No.		(e) Transfer of gift	
a) No.	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No.	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No.	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
from Part I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
from Part I	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift	Relationship of transferor to transferee
from Part I	(b) Purpose of gift	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
from Part I	(b) Purpose of gift	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
from Part I	(b) Purpose of gift	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held

15540730 759797 0111050 2014.04010 FAMILY STATIONS, INC

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

	e of the organization FAMILY STATIONS, INC	Emp	loyer identification numbe 94-1442453
Pa		Accou	nts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(b) Fun	ds 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)	0.00	
4	Aggregate value at end of year		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring	
	impermissible private benefit?		Yes 🛛 N
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	Nex.	
	Preservation of land for public use (e.g., recreation or education)	y impor	tant land area
	Protection of natural habitat Preservation of a certified h		
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onserva	tion easement on the last
	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization	during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	the year	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		5
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l		
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganizat	on's accounting for
D	conservation easements.	0: "	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simila	ar Assets.
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	t public	service, provide, in Part XIII
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and t		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, p	rovide the following amount
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide	3
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•	
а	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X	📂 🤅	P
b			· · · · · · · · · · · · · · · · · · ·

15540730 759797 0111050

25 2014.04010 FAMILY STATIONS, INC

		STATIONS,					94-14			ige 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	r Othe	r Simil	ar Asse	ts(contir	nued)	-
	Using the organization's acquisition, access	ion, and other record	is, check any of th	e following that	are a si	gnificant	use of its	collection	n item	S
	(check all that apply):									
а	Public exhibition	d		change progra						
b	Scholarly research	e	Other		-					
С	Preservation for future generations									
	Provide a description of the organization's c		and the second se				ose in Parl	XIII.		
	During the year, did the organization solicit of							1	-	1
The second second second	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered "	Yes" to	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod		diary for contributio	ons or other as	sets not	included	1.4	1000	122	
	on Form 990, Part X?							Yes		No
	If "Yes," explain the arrangement in Part XIII									
Ĩ			g allored					Amoun	t	1
с	Beginning balance					1c	1.4 10.1			
	Additions during the year					and the second second second				
	Distributions during the year					200 N 200				
	Ending balance					and the second sec		1		
	Did the organization include an amount on F							Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has bee	en provided in F	Part XIII]
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" to F	Form 990, Part I	IV, line 1	0.				11
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three	ears back	(e) Four	years	back
1a	Beginning of year balance					N. S. R.			1.152	
b	Contributions			State of the					8	1
с	Net investment earnings, gains, and losses			_		5 (P		111	-	
d	Grants or scholarships	1								_
е	Other expenditures for facilities		1							
	and programs				and and				1.0	
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	red for th	he organi	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	_	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?		·			3b	6	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment funds.							
Par	t VI Land, Buildings, and Equipr	nent.								
1.5	Complete if the organization answere	ed "Yes" to Form 990	0, Part IV, line 11a.	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o	other (b) Co	ost or other	(c) A	ccumulat	ed	(d) Boo	k valu	e .
		basis (invest	ment) bas	is (other)	de	preciation	18. A 19. A			
1a	Land				all a grind			3.16		1
	Buildings		3,0	45,647.		384,7	78.	2,66	0,8	69.
	Leasehold improvements			29,835.	2,	467,2		6	2,5	91.
	Equipment			81,736.		672,1		2,90	9,6	16.
	Other			31,742.	- Carlor				1,7	
_	I. Add lines 1a through 1e. (Column (d) must							5,76	4,8	18
ord							Schedule			

432052 10-01-14 Schedule D (Form 990) 2014

Part VII Investments - Other Securities.



Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book 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" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) F.C.C. LICENSES, NET OF AMORTIZATION 37,291,829. DEPOSITS (2) 684,382. CHARITABLE REMAINDER UNITRUSTS 143,767. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 38,119,978. Other Liabilities. Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes 32,750,032. INTERCOMPANY PAYABLE (2) (3)(4) (5) (6) (7) (8) (9) 32,750,032. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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 Schedule D (Form 990) 2014

INC

432053

-	dule D (Form 990) 2014 FAMILY STATIONS, INC			94-	1442453 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	n Revenue per P	etur	1.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	-		1	4,294,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			GERE	4,494,914.
a	Net unrealized gains (losses) on investments	2a	-83,720.	-	
b	Donated services and use of facilities		05,720.		
6	Recoveries of prior year grants			11.5	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d		100	2e	-83,720.
3	Subtract line 2e from line 1			3	4,378,234.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	4,570,254.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		Think a	
b	Other (Describe in Part XIII.)			and the	
c	Add lines 4a and 4b		10.00	40	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,378,234.
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per		irn.
Concerne	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·		1	10,907,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			a.s.a.	
а	Donated services and use of facilities	2a		的情報	
b	Prior year adjustments				
с	Other losses			la de la	
d	Other (Describe in Part XIII.)			Charles .	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,907,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			a series	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,907,668.
Par	t XIII Supplemental Information.				20 20 4

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	ORGAN	IZATI	ON RECOG	NIZES TH	E FINANC	IAL STA	TEMENT 1	BENEFIT	OF AN	_
UNCE	RTAIN	TAX	POSITION	ONLY AF	TER CONS	IDERING	THE PRO	DBABILIT	Y THAT	A TAX
AUTH	ORITY	WOUL	D SUSTAI	N THE PO	SITION I	N AN EX	AMINATI	ON. FOR	TAX POS	SITIONS
MEET	ING A	MORE	-LIKELY-	THAN-NOT	THRESHO	LD, THE	AMOUNT	RECOGNI	ZED IN	THE
FINA	NCIAL	STAT	EMENTS I	S THE BEI	NEFIT EX	PECTED	TO BE RI	EALIZED	UPON	
SETT	LEMEN	T WIT	H THE TA	X AUTHOR	TTY. FOR	TAX PO	SITIONS	NOT MEE	TING TH	HE
THRE	SHOLD	, NO :	FINANCIA	L STATEM	ENT BENE	FIT IS	RECOGNI	ZED. AS	OF DECI	EMBER
31,	2014	AND D	ECEMBER	31, 2013	, THE OR	GANIZAT	ION HAS	HAD NO	UNCERT	AIN TAX
POSI	TIONS	. THE	ORGANIZ	ATION RE	COGNIZES	INTERE	ST AND	PENALTIE	S, IF 2	ANY,
RELA	TED I	O UNC	ERTAIN T	AX POSIT	IONS AS	INCOME	TAX EXP	ENSE. 1	HE	
ORGA 432054	NIZAT	ION I	S RELYIN	G ON ITS	TAX-EXE	MPT STA	TUS AND	ITS ADE	IERENCE	TO ALL
432054 10-01-14						28			Schedule D	(Form 990) 201
5407	30 75	9797 (0111050	201	4.04010	FAMILY	STATION	IS, INC		01110501

Part XIII Supplemental Information (continued)

APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS. THE

ORGANIZATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY FEDERAL

AND STATE TAXING AUTHORITIES FOR THREE AND FOUR YEARS RESPECTIVELY.

Schedule D (Form 990) 2014

432055 10-01-14

> 29 2014.04010 FAMILY STATIONS, INC

(Form 990)	Complete if	the organizatic	ivities Outside the U on answered "Yes" on Form 990, Par Attach to Form 990.	t IV, line 14b, 15, o	r 16.	2014 Open to Public
Internal Revenue Service Name of the organization	Information abo	out Schedule F	(Form 990) and its instructions is a			Inspection
Name of the organization					nployer ident	ification number
FAMILY STATIONS					4-14424	
		ctivities Ou	tside the United States. Comp	lete if the organizat	ion answered	"Yes" on
Form 990, Part IN 1 For grantmakers, Does		maintain recor	ds to substantiate the amount of its g	rants and other ass	istanco	
			the selection criteria used to award th			Yes 🗌 No
United States.			procedures for monitoring the use of		assistance ou	utside the
			an be duplicated if additional space is		Radard in (a)	(0 T-1-1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity is a program describe spo of service(s)	n service, ecific type	(f) Total expenditures for and investments
		in region				in region
	1.1.1.1					
EUROPE	0	0	PROGRAM SERVICES	BROADCASTING		292,895.
						Sec. 1
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	BROADCASTING		25,707.
11101110				DROADCADTING		25,101.
	÷					
RUSSIA AND THE NEWLY						
INDEPENDENT STATES	0	0	PROGRAM SERVICES	BROADCASTING		24,900.
		54 1				
SOUTH AMERICA	0	0	PROGRAM SERVICES	BROADCASTING		52,966.
				DROIDONDTINO	6	
						1.
						10.000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	BROADCASTING		40,080.
						1991 - P. 1982
the second s						
						1. 18 1.
						12.72
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				1		
				N 5 6 8		Sec. Sec.
3 a Sub-total	0	0				436,548.
b Total from continuation	16 N		Contraction of the second second		And the second se	
sheets to Part I	0	0			Contraction of the second s	0.
c Totals (add lines 3a and 3b)		0				436,548,
200.300				AND IN THE REPORT OF THE PARTY		

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

Schedule F (Form 990) 2014

432071 09-24-14

Part II

(a) Name of organization

1

		in age affind Sin age affind		
				14
			.e.	
		(inst)		
				-

Schedule F (Form 990) 2014 FAMILY STATIONS, INC

(c) Region

(b) IRS code section

and EIN (if applicable)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(e) Amount

of cash grant

(d) Purpose of

grant

94-1442453

(f) Manner of

cash disbursement

(g) Amount of

non-cash

assistance

Schedule F (Form 990) 2014

3 Enter total number of other organizations or entities

(h) Description

of non-cash

assistance

(i) Method of

valuation (book, FMV,

appraisal, other)

Page 2

Schedule F (Form 990) 2014

FAMILY STATIONS, INC.

Schedule F (Form 990) 2014 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a (a) Type of grant or assistance	(b) Region (c) Number of recipients		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othe	

94-1442453

Page 3

Schedule F (Form 990) 2014 FAMILY STATIONS, INC Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		- Contract
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		1000
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Part V	(Form 990) 2014 FAMILY STATIONS, INC Supplemental Information	94-1442453 P
	Provide the information required by Part I, line 2 (monitoring of funds): Part I, line 3, column	(f) (accounting mathed
	"Westments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounti	ting mothed), and Dest III and ()
1	(estimated number of recipients), as applicable. Also complete this part to provide any addit	ional information.
1000		
1111		
18 2		
		and the second second second
		A STATE AND A STATE OF
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
2.20		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sell to		
- 314		
		요즘 영화 전문 이상 문법
	일상 옷에서 그 것 같아요. 그는 것 그렇는 것 많은 명령이 가 많이 다 것	and the state of
E 1.12		
21.103		
	같은 것 같은 것이 있는 것이 있는 것이 있는 것이 가지 않는 것이 있습니다. 가지 않는 것이 같은 것이 있다. 것이 있는 것이 없는 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 있는 것이 없는 것이 있는 것이 없는 것이 없 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 있다. 것이 없는 것이 없 않은 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않은 것이 않은 것이 않이	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
191		A Contract of the second second
-		
		the addition of the
1.1		1. 18 18 18 18 18 18 18 18 18 18 18 18 18
1.12.1		
S. Par-		
5		and the second second
170		
		A Martin Carlos
2075 09-24-14		Schedule F (Form 990) 2

SCHEDULE M		Nonc	ash Contri	ibutions		OMB No. 1	545-0047	7
(Form 990)						20	14	20
	Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines	29 or 30.	International Contemporation	and the second	
Department of the Treasury Internal Revenue Service	Attach to Form 990					Open To Public Inspection		
Name of the organization		Schedule M	(Form 990) and its	s instructions is at www.ir		r identificatio	Place from the	abor
Name of the organization		ONG T	NO			4-1442		ibei
Part I Types of	FAMILY STATI	UNS, I	NC			4-1442	455	-
i di l'i i ypes oi	roperty	(a)	(b)	(c)		(d)	-	-
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 10	noncash c	d of determin ontribution ar	-	í,
1 Art - Works of art								
	sures						391	
	rests			and the second		4 18		
	tions							
	hold goods				· · · · · · · · · · · · · · · · · · ·			
	icles							
						-		1
	у							
	raded					1. ° č		
	held stock							
11 Securities - Partner								
12 Securities - Miscella	aneous					. Not also	. K.	
13 Qualified conservat Historic structures					ŝ.		ľ.	5
	tion contribution - Other	V						P.
15 Real estate - Reside								12-1
	nercial	- 10 C				- 1 dk 2		
			Contraction of the second			- N - 1		
	supplies		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				10.00	
		The second se						2
22 Historical artifacts						1.18		
23 Scientific specimer	าร				1.00		1.	1.000
	icts				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.12	115	
25 Other 🕨 (II	NTEREST ON N)	X	0	69,600.	TERMS OI	F NOTES		
26 Other ► ()							
27 Other ► ()						19	51
28 Other ► ()			No. and the second second	21	14		
	3283 received by the organ	nization durin	g the tax year for o	contributions				
	nization completed Form 82							
	•	i er i					Yes	No
30a During the year, die	d the organization receive t	by contributi	on any property re	ported in Part I, lines 1 thro	ugh 28, that it	ale and		Part
				d which is not required to b				
						30a		x
	he arrangement in Part II.					- And		King.
		policy that I	requires the review	of any non-standard contr	ibutions?	31		X
								1
standing and the second standard standard standards	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32a	100	Х
b If "Yes," describe i								
		n column (c)	for a type of prope	rty for which column (a) is	checked,			
describe in Part II.		.,					and the set	
	Reduction Act Notice, se	e the Instru	ctions for Form 90	0	Scher	dule M (Form	990) (201

432141 08-12-14

15540730 759797 0111050

chedule M	(Form 990) (2014)	FAMILY	STATIONS,	INC	and the second se	94-1442453	Page
Part II	Supplemental is reporting in Part this part for any ac	Informatio	n. Provide the infective the number of con ation.	ormation required b tributions, the num	y Part I, lines 30b, 32b, a per of items received, or a	nd 33, and whether the organi a combination of both. Also co	zation mplete
* 6							
				i y sair			
				, dan ing			
							1.1
					e station and		
W.		Alex.					
	States and a						
					a deal and		
	8.000						
							-
15							
		-					
			-				12-
		N. *				Schedule M (Forr	0000 /0

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

FAMILY STATIONS, INC

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number 94-1442453

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW OF ERRORS AND

OMISSIONS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

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

SELECTION PROCESS DURING THE TAX YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14 37

Schedule O (Form 990 or 990-EZ) (2014)

15540730 759797 0111050

2014.04010 FAMILY STATIONS, INC

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organization lete if the organization answer mation about Schedule R (For	ed "Yes" on Form 990, Part IV, Attach to Form 990.	line 33, 34, 35b, 3				OMB No. 154 201 Open to F Inspect	4 Public
Name of the organizatio	FAMILY STATION	NS, INC					over ident	ification n 2453	number
Part I Identificatio	n of Disregarded Entities Complet	e if the organization answered "	es" on Form 990, Part IV, line 3	3.					
	(a) ess, and EIN (if applicable) isregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) ome End-of-year a	assets		(f) t controllin entity	g
		-							
							\$ 4 1		
Part II Identificatio	n of Related Tax-Exempt Organization of Related Tax-Exempt Organization of the tax year.	ations Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one or	more relat	ted tax-ex	empt	
	(a) , address, and EIN lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct co	f) ontrolling tity	ling (g) Section 512(b)(13 controlled entity?	
			loreign country)	1103.01	501(c)(3))			Yes	No
	P NEW JERSEY, INC DUNT PLEASANT AVENUE, WEST		서 이번 방법이 있						
<u>ORANGE, NJ 07052</u>		RADIO BROADCASTING	NEW JERSEY	501(C)(3)	LINE 11A, I	1			X
75									
		-							

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

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 FAMILY STATIONS, INC

94-1442453 Page 2

K-1 (Form 1065) Yes No

Yes No

(k)

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III (b) (a) (c) (d) (e) (f) (g) (i) (j) (h) Legal domicile **Direct controlling** Code V-UBI amount in box 20 of Schedule General or Percentage Name, address, and EIN Primary activity Predominant income Share of total Share of Disproportionate (related, unrelated, excluded from tax under sections 512-514) of related organization managing partner? entity income end-of-year (state or allocations? assets foreign country)

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related
Line ins data	organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)	a character age	or trusty	Section Comm	235613			No
									-

Schedule R (Form 990) 2014 FAMILY STATIONS, INC

Note.	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		and the second second			Yes	No
	During the tax year, did the organization engage in any of the following transa	ctions with one or more r	elated organizations listed in F	arts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled		•		1a		X
	Gift, grant, or capital contribution to related organization(s)						X
c	Gift, grant, or capital contribution from related organization(s)				10	- 14	2
	Loans or loan guarantees to or for related organization(s)					X	
	Loans or loan guarantees by related organization(s)					1.84	2
f	Dividends from related organization(s)		· · · · · · · · · · · · · · · · · · ·		1f		2
	Sale of assets to related organization(s)						
	Purchase of assets from related organization(s)					1	2
	Exchange of assets with related organization(s)						2
jl	Lease of facilities, equipment, or other assets to related organization(s)				1j	1	2
k l	k Lease of facilities, equipment, or other assets from related organization(s)						
	Performance of services or membership or fundraising solicitations for related organization(s)						
m	m Performance of services or membership or fundraising solicitations by related organization(s)						
n							
0 5	Sharing of paid employees with related organization(s)		· · · · · · · · · · · · · · · · · · ·		10	ant.	2
	Reimbursement paid to related organization(s) for expenses					x	12
	Reimbursement paid by related organization(s) for expenses						X
ч.						1	
r (Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
	f the answer to any of the above is "Yes," see the instructions for information						
		(b)	(c)	(d)			
	(a) Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	volved		
(1) F	AMILY STATIONS OF NEW JERSEY, INC.	D	5,447.EX	PENSES REIMBURSED			
(2)							
_/		1					
3)				and the second secon		1	
4)							
5)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
-		1 2. 3. 24				100	

Schedule R (Form 990) 2014 FAMILY STATIONS, INC

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)((orgs.? Yes N	sec. 3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes No	(k) Percentage ownership
	-										
							The second s				
									1.		
			y s trans								
	-				-						

Schedule R (Form 990) 2014

Schedule R (Form 990 Part VII Supple	0) 2014	FAMILY	STATIONS,	INC		94-1442453	Page 5
		rmation			the state	22 P. C. S. M. J.	
			nses to questions o	n Schedule R (se	e instructions).		
A State State		data and the second second					-
La State State	- 10			Children and San			
	1				6		1.0.1
			CRANE STATE				
			in the second				
16 00				121 - F - F - F - F - F - F - F - F - F -			0.2
		A				in the second	1 44
and a state of			1.11.11.1				
						and the second	A
	the second second						
1.	10 A			-		in the second second	ille Lo
		2					13-95
	3		A CONTRACTOR OF THE OWNER				
		1.1					
A Sale real	27 Mg						1.5.
a station in					A CONTRACTOR OF THE OWNER	and the second	
	and the second				A CONTRACTOR OF THE OWNER	the second s	
					18-11-17		
							1.8 100
	5	7 - F -		- 3 - 15	Re Kan		
and the second							
	and the second second						1
			1.5		2		
			No. of Concession, Name		the second second	and the second of	
N 214 15 1927			1000				
						2	
		and the second			A		
		11 1 Kar - Sa		6.0	and the second	C. M. C. Marries	
	121.122						
					19	a to the second	
	1.1.1	-	19 19 19 19 19 19 19 19 19 19 19 19 19 1				
					States of the second	and the strategy	100
432165 08-14-14			PACT IN THE			Schedule R (Form	990) 201
			 5 P = 4.4 	42			10501
EA0730 750'	707 01111	050	2014.040	10 FAMIL	Y STATIONS,	INC UII	10501

Form	8868
(Rev.	January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

> X

0

Departn	nent	of th	e Tr	easur
Internal	Reve	enue	Ser	vice

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

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits.

Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I

A corpora Part I only	ttion required to file Form 990-T and requesting an automatic 6-month extension - che	eck this box and complete
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form tax returns.	m 7004 to request an extension of time Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File buildes	FAMILY STATIONS, INC	94-1442453
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)

filing your	290 HEGENBERGER ROAD
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	OAKLAND, CA 94621

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICK	Ε.	SMITH	
------	----	-------	--

The books are in the care of > 290 HEGENBERGER ROAD - OAKLAND, CA 94621

Telephone No.	510-282-3111	

-	f the extension does not have an office or place of husiness in the United States, sheek this hav	
-	f the organization does not have an office or place of business in the United States, check this box	

Fax No.

. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

box 🕨 . If it is for part of the group, check this box 🕨 🛄 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

AUGUST 15, 2015	, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:	
► X calendar year 2014 or	
Caleridar year 2014	

2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return F Change in accounting period	inal retur	n	
3 a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA 423841 05-01-14

Form 8868 (Rev. 1-2014)

15540730 759797 0111050

43 2014.04010 FAMILY STATIONS, INC 0.

0.

0.