Tri-State Public Communications, Inc.

Audited Financial Statements

December 31, 2017 and 2016

Lakeview Accounting Services, Inc. 148 Clayton Road, P.O. Box 1293 Canaan, CT 06018 Phone (860) 824-8443 Fax (860) 824-8456

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Independent Auditor's Report

Tri-State Public Communications, Inc. 67 Main Street Sharon, CT 06069

I have audited the accompanying statement of financial position of Tri-State Public Communications, Inc. as of December 31, 2017 and 2016, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statements' presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of Tri-State Public Communications, Inc. as of December 31, 2017 and 2016 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Cathleen A. Caranci

Certified Public Accountant

Went Downers

May 11, 2018

Tri-State Public Communications, Inc. Statement of Financial Position December 31, 2017 and 2016

		2017		2016
Assets:				
Cash and cash equivalents	\$	100,245	Ś	168,428
Furniture and equipment, net of accumulated				
depreciation	00	210,367		217,530
Total assets	\$	310,612	\$	385,958
Liabilities and net assets:				
Liabilities:				
Credit cards payable	\$	30,700	s	17,142
Payroll taxes payable	250	1,180		1,378
Line of credit payable		65,221		70,882
Loan from officer	-	973,425		981,642
Total liabilities	1	1,070,526		1,071,044
Net Assets:				
Unrestricted		(759,914)		(685,086)
Temporarily restricted				(000,000)
Permanently restricted				
Total net assets		(759,914)		(685,086)
Total liabilities and net assets	\$ _	310,612	\$_	385,958

The Notes to Financial Statements are an integral part of this Statement See the accompanying Independent Auditor's Report

Tri-State Public Communications, Inc. Statement of Activities For the Years Ended December 31, 2017 and 2016

		2017		2016
Revenues, Gains and Other Support:				
Donations	\$	303,543	\$	245,808
Underwriting	3,70	269,001		261,718
Grants		166,457		174,349
Fundraising income		11,719		8,650
Air time lease				1,500
Production income				1,050
Investment income		8		10
Total Public Support and Revenues		750,728	- 13	693,085
Expenses and Losses:				
Program Services				
Programming and production		75,143		71,502
Program information/promotion		203,897		182,003
Broadcast and engineering		6,910		5,179
Support Services		10,090,000		(DF 800, 2)
Fundraising/membership development		1,204		100
Management and General		257696		
Administrative		58,652		49,058
Occupancy		129,726		126,512
Maintenance and supplies		191,553		147,684
Professional fees		3,350		4,990
Other management and general expenses		101,512		78,428
Underwriting/grant solicitation		17,741		11,973
Depreciation expense		35,868		34,432
Total expenses and losses	5	825,556		711,761
Change in net assets		(74,828)		(18,676)
Net assets, beginning of year		(685,086)		(665,410)
Net assets, end of year	\$	(759,914)	s	(685,086)

The Notes to Financial Statements are an integral part of this Statement. See the accompanying Independent Audior's Report

Tri-State Public Communications, Inc. Statement of Cash Flows For the Years Ended December 31, 2017 and 2016

		2017	2016
Cash flows from operating activities:			
Change in net assets Adjustments to reconcile change in net assets to net cash provided by operating activities:	\$	(74,828) \$	(18,676)
provided by operating activities:			
Depreciation expense		35,868	34,432
Change in payroll taxes payable		(199)	1,232
Change in credit cards payable	3.9	13,559	(16,168)
Net cash provided by operating activities		(25,600)	820
Cash flows from investing activities:			
Purchases of fixed assets	9 2	(28,705)	
Net cash used in investing activities		(28,705)	
Cash flows from financing activities:			
Loans from officer		-	-
Line of credit advances		**	
Repayment of debt	1	(13,878)	(11,200)
Net cash used in financing activities		(13,878)	(11,200)
Net increase in cash and cash equivalents		(68,183)	(10,380)
Cash and cash equivalents, beginning of year	-	168,428	178,808
Cash and cash equivalents, end of year	\$ _	100,245 \$	168,428

The Notes to Financial Statements are an integral part of this Statement. See the accompanying Independent Auditor's Report

Tri-State Public Communications, Inc. Notes to Financial Statements December 31, 2016 and 2015

Note A - Summary of Significant Accounting Policies

Description of Programs

Tri-State Public Communications, Inc. ("Tri-State") is a local not-for-profit organization whose purpose is to improve the quality of life in Northwest Connecticut communities through noncommercial, educational, informational and entertaining television and radio programs that are produced for and by residents of Northwest Connecticut. For the years ended December 31, 2017 and 2016, Tri-State provided television and radio broadcasts of daily news and information programs, as well as local weather alerts, sports and school activities and local government meetings.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements for Not-for-Profit Organizations. Under SFAS No. 117, Tri-State is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Contributions and Promises to Give

Tri-State follows the recommendations of the Financial Accounting Standards Board in its SFAS No. 11, Accounting for Contributions Received and Contributions Made. Under SFAS No. 116, contributions received are reported as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Contributions as recognized when a donor makes a promise to give to Tri-State that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire or are met in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily restricted or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

As of December 31, 2017 and 2016, Tri-State had no temporarily or permanently restricted net assets.

Tri-State Public Communications, Inc. Notes to Financial Statements December 31, 2017 and 2016

Note A - Summary of Significant Accounting Policies- continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reports amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, Tri-State considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

Income Taxes

Tri-State is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. In addition, Tri-State qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Property and Equipment

Property and equipment are stated at cost or, if donated, at the approximate fair value at the date of donation. Assets donated with explicit restrictions regarding their use and contribution of cash that are restricted by donors to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long these donated assets must be maintained, Tri-State reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. Tri-State reclassifies temporarily restricted net assets to unrestricted net assets at that time. Depreciation is provided over the estimated useful lives of the assets ranging from five to twenty five years using straight line methods.

Tri-State Public Communications, Inc. Notes to Financial Statements December 31, 2017 and 2016

Note B - Property and Equipment

Property and equipment consists of the following:

	2016	2016
Station Purchase	\$ 236,724	\$ 236,724
Transmitter Site work	71,609	42,904
Furniture, fixtures and equipment	298,530	298,530
Automobile	29,900	29,900
Total	636,763	608,058
Less: accumulated depreciation	(426,396)	(390, 528)
	\$ 210,367	\$ 217,530

Depreciation expense for the year ended December 31, 2017 and 2016 was \$ 35,868 and \$ 34,432 respectively.

Note C - Line of Credit Payable

Tri-State has a line of credit at a local bank to help finance short term cash flow needs. As of December 31, 2017 and 2016 the outstanding balance was \$ 65,221 and \$ 70,882, respectively. Interest is based on the bank's prime lending rate. The interest rate as of December 31, 2017 and 2016 was 4.0% and 4.0%, respectively.

Note D – Classification of Expenses

Tri-State has allocated expenses to program and supporting services as follows:

	2017	2016
Program services	\$ 781,177	\$ 668,703
Support services Management and general	43,104	38,680
Total expenses	\$ 825,556	\$ 707,383

Tri-State Public Communications, Inc. Notes to Financial Statements December 31, 2017 and 2016

Note E - Related Party Transactions

During the year an officer of Tri-State made loans to the organization to fund cash flow shortages and asset purchases. The total amount of the loans and balance as of December 31, 2017 and 2016 was \$ 973,425 and \$ 981,642, respectively. No interest was paid on the loans during the year.

Form 990

Return of Organization Exempt From Income Tax

DMB No. 1545-0047

Open to Public

Department of the Treesury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

^	For the	2017 cale	ndar year, or tax year				and ending			, 20	
В	Check if	applicable:	C Name of organization	TRI-STATE	PUBLIC COM	MUNICATIO	ONS, INC	8	D Employe	er identification nur	mber
	Address	change	Doing business as				7-01-01/2			50612	
	Name ch	nange	Number and street (o	r P.O. box if mail is	not delivered to stre	et address)	Room/suite		E Telephon	The state of the s	
	Initial ret	turn	67 MAIN STR	EET						364-4640	
	Final retu	m/terminated	City or town, state or	province, country,	and ZIP or foreign po	stal code			10001	201 1440	
	Amende	d return	SHARON, CT						G Gross red	nainte 750	,728.
	Applicati	ion pending	F Name and address of	principal officer:				UNITED BY AND ADDRESS OF	Section of the section in	ubordinates? Ves	
			JILL GOODMAN,		PN ROAD, FALLS	VIII.TARR	CT 06031				
	Tax-axer	mpt status:	X 501(c)(3)	□ 501(c) () ◀ (insert no.)					list. (see instructions	
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-	1			tion's mission	ne mant classifies	and model officer	the same and a		NOT RESERVE		_
9		Drietly de	escribe the organiza	mon s mission	or most significa	int activities.	TELEVI	SION A	ID RADI	0	
Activities & Governance	-=										
Ē	0	Chaolath	In home by C. Lot at a con-						-		
20	2	Number	is box ► ☐ if the or	ganization disc	continued its ope	rations or d				ts net assets.	
Ü	3	Number	of voting members	of the governing	ng body (Part VI,	line 1a) . ,	1 1 1		3		3
8		Number	of independent voti	ng members o	If the governing b	ody (Part VI	, line 1b)		4		3
ě	5	I otal nur	nber of individuals	amployed in ca	ilendar year 2017	(Part V, line	e 2a) .		5		
É	6	Total nur	nber of volunteers (estimate if nec	essary)				6		0
4	7a	Total unr	elated business rev	enue from Part	t VIII, column (C).	line 12 .			7a		0.
_	ь	Net unrel	ated business taxa	ble income from	m Form 990-T, lir	ne 34			7b		0.
	V2 0							Prior Ye	ar	Current Year	ř.
2	8		lions and grants (Pa					420	,157.	470,	000.
e n	9		service revenue (Pa						,268.		001.
Revenue	10		nt income (Part VIII						10.		8.
-	11	Other rev	enue (Part VIII, coli,	ımn (A), lines 5	6d, 8c, 9c, 10c	and 11e) .		8	,650.	11.	719.
	12	Total reve	nue-add lines 8 th	rough 11 (must	t equal Part VIII, c	column (A), li	ne 12)		,085.		728.
	13	Grants ar	nd similar amounts	paid (Part IX, c	column (A), lines	1-3)		7.6.2	,	1.007	Carry
	14	Benefits	paid to or for memb	ers (Part IX, co	olumn (A), line 4)						
10	15		other compensation,				5-10)	34	,749.	29	487.
ž	16a	Professio	nal fundraising fees	(Part IX, colur	mn (A), line 11e)	1			11221	6.01	441+
Expenses	b	Total fund	draising expenses (Part IX, column	n (D), line 25) ▶		275.		ECOTO:	POCH SIDE	200
ŵ			oenses (Part IX, coli					677	,012.	797	069.
	18	Total exp	enses, Add lines 13	-17 (must equ	al Part IX. colum	n (A), line 25	a		.761.		556.
	19	Revenue	less expenses. Sub	tract line 18 fr	om line 12	0 4, 1110 20			,676.		828.
50	1000	The Control of the Co						inning of Cur		End of Year	
g j	20	Total ass	ets (Part X, line 16)	The same of the sa			-		,958.		-
Fund Balances	21		ilities (Part X, line 2)	8)				1,071			612.
55	22		s or fund balances.		21 from line 20	****			,086.	1,070,	
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	-		y, I declare that I have a	experienced this extrem	s includies accomo	entire and the	4.44				
true	, correct,	, and compli	rte. Declaration of prepar	er other than offic	er) is based on all infr	rrying schedules ormation of which	s and statemer ch preparer for	nts, and to the	e best of my	knowledge and be	olief, it is
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Sig	n	Signs	ture of officer					0.4	29		
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	-		this return with the	THE RESIDENCE OF THE PARTY OF T		istructions)		7 4 1		X Yes [No
or	Paperw	ork Reduc	tion Act Notice, see	the separate in	estmentions DAA		Bestran	PERSON NAME.		000	O main

Par	t III	Statement of Program Service Accomplishments	Page
1	Bric	Check if Schedule O contains a response or note to any line in this Part III	[
	TEI	EVISION AND RADIO	
		DITECTOR FORD MADE	
	Ent. 4		
2	Did	he organization undertake any significant program services during the year which were not listed on the	00 3 HOUR
	H =V	Form 990 or 990-EZ?	Yes 🗵 No
3	Did	ss, describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program	
0.55	serv		19 - 80 N
	If "Y	es," describe these changes on Schedule O.	Yes 🗵 No
4	Des	ribe the organization's program service accomplishments for each of its three largest program services, as nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocational expenses, and revenue, if any, for each program service reported.	measured by ions to others
4a	(Coc	e:) (Expenses \$ 781,177. including grants of \$ 0.) (Revenue \$ 269.	001 \
	IRI	STATE PUBLIC COMMUNICATIONS BROADCASTS DAILY NEWS AND INFORMATION	
	RRO	RAMS, AS WELL AS LOCAL WEATHER ALERTS, SPORTS AND SCHOOL ACTIVITIES	
	AND	LOCAL GOVERNMENT MEETINGS.	

	*****	***************************************	

4b	(Coc	E) (Expenses \$including grants of \$) (Revenue \$	
	1000	Expenses \$ including grants of \$ (Revenue \$)
			2001-0-200
	7		
	-		
-			
4c	(Cod	(Revenue \$) (Expenses \$) (Revenue \$))
	414	***************************************	
	-	***************************************	
	-		***************************************
4d	Othe	program services (Describe in Schedule O.)	
627,005	(Expe	nses \$ including grants of \$) (Revenue \$	
4e		program service expenses > 781 177	

Part IV	Checklist of	Dogwirod	Sahadulaa
	OHECKHOL OF	neguired	acriedules

1	to the second of		Yes	No
	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	×	-
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	2	×	
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	3		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		×
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If *Yes," complete Schedule C, Part III	5		×
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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		×
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	х
	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable:			Û
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a	×	
b		11b		×
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		×
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a	×	
13	Is the organization a school described in partian \$200x04VAXXXX IS No. 2	12b		×
2000	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		×
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.	15		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		×
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.	17		×
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	18		×
	THE RESERVE OF THE PARTY OF THE	19	990	×

Part IV Checklist of Required Schedules (continued)

20	POLINE COLUMN AND ADMINISTRATION OF THE POLICE OF THE POLI	00.0	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization or domestic organization.	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	×
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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	22		×
24a	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		×
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24c		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		×
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
00	그림이 발생님이 아니라 마양이 얼마나 아니라 마양이 아니라	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		Â
ь	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
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? If "Yes," complete Schedule L, Part IV	28b		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		J
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	1	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	-	×
D	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.	35a		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	35b	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		1	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O.	38	×	×
				-

Pari	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Page
	the state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		100	740
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	7	1	100
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	310	doi:
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3311		100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
23	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2000	10
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶	48		×
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	×
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	giffs were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	_	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	100		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		3
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	200		
9	sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	1000		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	-	-
10	Section 501(c)(7) organizations. Enter:	9b	100	
а	Initiation fees and capital contributions included on Part VIII, line 12		- 59	
ь	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	
11	Section 501(c)(12) organizations, Enter:			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×

14b

1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schodule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 3 2 Did any officer, director, fusate, or key employee have a family relationship or a business relationship with any other officer, director, fusate, or key employees? 3 Did the organization relates are similar thanking the variety of a significant diversion of officers, directors, or fusates, or key employees? 4 Did the organization make any significant charges to its governing documents since the prior form 990 was tiled? 5 Did the organization make any significant charges to its governing documents since the prior form 990 was tiled? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization of the governing body? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization of the governing body? 9 Did the organization of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If "Yes," provide the names and addresses in Schedule O. 8 Did the organization have local chapters, thrunches, or affiliates? 10 Did the organization have local chapters, thrunches, or affiliates? 11 Did the organization have local chapters, thrunches, or affiliates? 12 Did the organization have a written conflict or interest policy? If "Yes," or in 17 Section B requests information about policies not required by t		Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI.	ee ins	truct	ions.
14 Enfort the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schodule O. Enter the number of voting members included in line 1a, above, who are independent 1b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 4 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? 4 Did the organization make any significant charges to its governing documents since the prior form 990 was filled? 5 Did the organization have members are stockholders, or other persons who had the power to elect or appoint or a protection or or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint or or more members of the governing body? 6 A army governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 1 The governing body? 8 Did the organization subtraction the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization subtraction and advises of the subtraction of the process, if any, "provide the manes and addirects sets in Schedule O. 9 In the governing body? 10 Did the organization have local	Sect	on A. Governing Body and Management			101
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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. Position. B (D) (E) (F) (do not check more than one Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per compensation officer and a director/trustee) compensation from amount of eek dist am from related ather 9 Highest or employee Individual institutional ome hours for The organizations compensation director related organization (W-2/1089-MISC) from the employee rganizations W-2/1099-MISC organization compensated below dotted inusiee and related line) trustee organizations (1) MARSHALL MILES 45.00 PRESIDENT × × (2) JILL GOODMAN 45.00 SECRETARY × × (3) JAMES GOODMAN 10.00 VICE PRESIDENT × × (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

	VII Section A. Officers, Directors, Trus	tees, ney E	mpro	yees	s, as	C)	ngne	st c	ompensated E	mployees (contin	ued)		
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos leck s pe	ition mon	than e is both	nan	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (N-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	other pensation the enization diretate anization	on ad
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(22)		2011=1200		-	4		-	-					
23)			-	-	-	4		-					
24)			-										
25)			\vdash	+	-	-		-					
1b	Sub-total	100000000000000000000000000000000000000	Ц										
c	Total from continuation sheets to Part Total (add lines 1b and 1c)			*			- 1	1					
2	Total number of individuals (including but reportable compensation from the organic	not limited			liste	d a	bove) wi	no received mo	re than \$100,000	of		
3	Did the organization list any former off	icer, directi	or, or	tru	ste	e, l	ey e	mpl	loyee, or highe	st compensated		Yes	No
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations	ichedule J t sum of rep	or su ortab	ch ii le c	naliv omi	vidu Den	a/ sation	ı ar	nd other compa	ensation from the	3		×
5	individual , , , , ,						+ +				4		×
-	Did any person listed on line 1a receive or for services rendered to the organization?	If "Yes," co	mple	te S	on t	ron	any le <i>J f</i> o	unr er st	elated organiza uch person .	ition or individual	5	WATER OF	×
1	on B. Independent Contractors Complete this table for your five highest of compensation from the organization. Replyear.	ompensate ort compen	d inde	eper	nde the	nt c	ontra lenda	cto ir ye	rs that received sar ending with	i more than \$100 or within the org	,000 ol anizati	on's t	ax
	(A) Name and business addr	255							(B) Description of ser	vices ((C) Compens		
						_							

Part VIII Statement of Revenue

_		Check if Schedule O contain	s a re	sponse or note to		Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrolated business revenue	(D) Revenue excluded from tax under sections 512-514
智智	1a	Federated campaigns	1a		DIVISION OF		THE REAL PROPERTY.	WIE VIA
ara ou	ь	Membership dues	1b			5 5 5 6 6		
A.	c	Fundraising events	10					
돌	d	The second secon				0.00		
& E	0	The state of the s		166,457.	-C. 94 1 14			
9 9	1	All other contributions, gifts, grants	0.14				CONTRACTOR OF THE PARTY OF THE	
£ 8		and similar amounts not included above		303,543.			000	
무	9	Noncash contributions included in lines						
	h	Total. Add lines 1a-1f		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	470,000.		-	San Laborator
ä		PARTITION TO THE CONTRACT OF T		Business Code		SHENGERNO!	PART OF THE PARTY OF	MEDIES NO.
8	2a	UNDERWRITING FEES		515100	269,001.	269,001.	0.	0.
8	b	AIR TIME LEASING		999999	0.	0.	0.	Û.
Š	d	PRODUCTION INCOME		999999	0.	0.	0.	0.
Š		***************************************						
100	f	All other program service reve						
	g	Total. Add lines 2a-2f			255 201			
	3	Investment income (including	n divis	lands interest	269,001.			
	Ĭ.	and other similar amounts) .	, unne	Jenus, inseress,		~	-	
- 1	4	Income from investment of tax-ex			8.	0.	0.	8.
	5	Royalties						
- 11		(i Bi		(0 Personal				
- 1	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (foss)						
	d	The state of the s						
	7a	Gross amount from sales of 68 Secur assets other than inventory		(i) Other				
	b	Less: cost or other basis and sales expenses .						
	C	Gain or (loss)			716023			
	d	Net gain or (loss)						
er Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0. 1c).	11,719.				
£	b			-				
9	c	아들들의 경우 아들 때문에 가면서 하면 하는데 하는데 하는데 그렇다면 하는데 하는데 모든데 그렇다.		0.4	11,719.		0.	11,719.
	9a	Gross income from gaming acti See Part IV, line 19	vities.		11/11/			11,719.
	b	Less: direct expenses						
	C			ivities >			-	
	10a	Gross sales of inventory, returns and allowances	less a		100		8-88	
	b	Less: cost of goods sold						
	C		of inv					
		Miscellaneous Revenue		Business Code	V-10 1000	1000		Tak Village
1	11a							
- 1	ь							
	C							
	d	All other revenue						
- 1	9	Total, Add lines 11a-11d				CONTRACTOR OF THE PARTY OF THE		
	12	Total revenue. See instruction	5		750,728.	269,001.	0.	11,727.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

8b, 9	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members			INVESTIGENCE II	SEE HARO
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,000.	26,000.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,000.	20,000.		
9	Other employee benefits				
10	Payroll taxes	2,487.	2,487.	0.	Q.
11	Fees for services (non-employees):				
a	Management	2000			
ь	Legal	350.	0.	350.	0.
c	Accounting	3,000.	0.	3,000.	0
d	Lobbyring				
f	Investment management fees		100000000000000000000000000000000000000		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	45,222.	45,222.	0.	0
13	Office expenses	59,927.	43,989.	14,663.	1,275.
14	Information technology	33,320.	10,0001	14,003.	1,210
15	Royalties				
16	Occupancy	62,450.	62,450.	0.	0.
17	Travel	1,771.	1,771.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	4,334.	4,334.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	35,867.	35,867.	0.	0.
23	Insurance	28,457.	28,457.	0.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	AUTOMOBILE EXPENSE	40,164.	40 424		
b	UTILITIES AND TELEPHONE	67,277.	40,164.	25,091.	0.
c	REPAIRS AND MAINTENANCE	77,224.	77,224.	25,091.	0.
d	PROGRAM SERVICES AND FEES	75,130.	75,130.	0.	0.
	All other expenses	295,896.	295,896.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	825,556.	781,177.	43,104.	1,275.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22073301	150-11-11	4371044	4,610.

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		168,428.	1	100,245
2	Savings and temporary cash investments			2	2007010
3	Pledges and grants receivable, net		V	3	
4				4	
5	Loans and other receivables from current and trustees, key employees, and highest of Complete Part II of Schedule L	former officers, directors, compensated employees.	MEN A		
6		rsons (as defined under section and contributing employers and others, employees, beneficiary		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
108	Land, buildings, and equipment: cost or			9	
	other basis. Complete Part VI of Schedule D	10a 636,763.			
t	Less: accumulated depreciation	10b 426,396.	217,530.	100	210 262
11	4 - BYN POND 위에 있어 있어 하다 바이를 생각하고 있다면서 있었다면서 모든 사이를 하는 사람들이 다른 사람들이 다른 사람들이 되었다.		2277330.	11	210,367.
12	Investments—other securities, See Part IV, line	11		12	
13	Investments-program-related. See Part IV, line	111		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal	al line 34)	385,958.	16	210 610
17	Accounts payable and accrued expenses		18,521.	17	310,612.
18	Grants payable	S 100 100 100 10 1	10,321.	18	31,880.
19	Deferred revenue				
20	Tax-exempt bond liabilities			19	
21	Escrow or custodial account liability. Complete	Part IV of Schoolule D		20	
22	Loans and other payables to current and for trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu	ormer officers, directors,		21	
23			981,642.	22	973,424.
24	Secured mortgages and notes payable to unrela	ated third parties		23	
25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payables to related third	70,881.	24	65,222.
	of Schedule D	5 17-24). Complete Part A		22	
26	Total liabilities, Add lines 17 through 25		1 071 014	25	
	Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	, check here > X and	1,071,044.	26	1,070,526.
27	Unrestricted net assets		-685,086.	07	DER DAY
28	Temporarily restricted net assets	-000,000.	27	-759,914.	
29	Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117 (ASC 96 complete lines 30 through 34.		29	Fig. 18	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or eq	suipment fund		-	
32	Retained earnings, endowment, accumulated inc	come or other funds		31	
33	Total net assets or fund balances	Silver of variet full us .	-606 006	32	200 0-6
34	Total liabilities and net assets/fund balances .		-685,086.	33	-759,914.
	1 2000 1000	Anna Carlotta Carlotta	385,958.	34	310,612,

Check if Schedule O contains a response or note to any line in this Part XI	- 1	
		Н
1 70 total reversion (midst equal Part VIII, Column (A), line 12)	0,728	
2 Total expenses (must equal Part IX, column (A), line 25)	5,556	
3 Hevenue less expenses. Subtract line 2 from line 1	4,828	
Wet assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	5,086	
5 Net unrealized gains (losses) on investments	2,000	2.
6 Donated services and use of facilities		_
7 Investment expenses	_	_
8 Prior period adjustments		_
Other changes in net assets or fund balances (explain in Schedule O)		_
10 Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X line		
33, column (B))	9,914	
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII	[
	Yes N	0
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	×	P
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:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Word the organization's flaggaid statement of the district o		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	×	
separate basis, consolidated basis, or both:	19	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	00 100	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	-	
Of the audit review or compilation of its financial statements and satisfies of a line in the compilation of its financial statements and satisfies of a line in the compilation of its financial statements and satisfies of a line in the compilation of its financial statements and satisfies of a line in the compilation of its financial statements and satisfies of the compilation of its financial statements and satisfies of the compilation of its financial statements and satisfies of the compilation of its financial statements and satisfies of the compilation of its financial statements.		
If the organization changed either its oversight process or selection process during the tax year, explain in	X	_
Schedule O.		
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-1332		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	×	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		
	990 (201	-

Name

TRI-STATE PUBLIC COMMUNICATIONS, INC

Employer Identification No. 02-0550612

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
IN KIND SERVICES	174,658.	174,658.	0.	0
ALL OTHER SUPPLIES	114,329.	174,658. 114,329.	0.	0. 0.
ENGINEERING FEES	6,909.	6,909,	D.	0.
otal to Form 990, Part IX,	295,896.	295,896.	0.	0.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017

	tment of the Treasury al Revenue Service			ttach to Form 990 or For Form990 for instructions			mation	Open to Public
Name	of the organization	en		TO STATE OF THE ST	e unior talle a	mest mildi	Employer identificati	Inspection
TRI	-STATE PUB	LIC COMMUNIC	ATIONS, INC	3			02-0550612	
Pa	TI Reaso	n for Public Ch	arity Status (All organizations mus	st compl	ete this	part.) See instructi	ions.
1 2 3 4	A church, A school d A hospital A medical hospital's	convention of chur escribed in section or a cooperative has research organization name, city, and station operated for	rches, or associ on 170(b)(1)(A)(i cospital service tion operated in ate: r the benefit of	it is: (For lines 1 through ation of churches describ. (Attach Schedule E (organization described conjunction with a host a college or university	cribed in s (Form 990 in section spital des	section 1 or 990-l on 170(b) cribed in	70(b)(1)(A)(i). EZ).) (1)(A)(iii). section 170(b)(1)(A	
	section 17	U(b)(1)(A)(IV). (Co	mplete Part II.)					
7	described	ation that normall in section 170(b)(y receives a su 1)(A)(vi). (Comp		pport from	ion 170(b n a gove	o)(1)(A)(v). rnmental unit or fro	m the general public
8	A commun	ity trust described	in section 170	(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricult or university;	ural research orga y or a non-land-gr	nization describ rant college of a	ed in section 170(b)(1 griculture (see instruct)(A)(ix) or ions). Ent	perated in er the na	n conjunction with a me, city, and state o	land-grant college of the college or
	support fro	m gross investme y the organization	nt income and u after June 30, 1	ore than 331,8% of its s functions—subject to unrelated business tax 975. See section 509	certain ex able incor (a)(2), (Co	reptions ne (less s implete P	, and (2) no more the section 511 tax) from Part III.)	004 04 44-
11		ation organized an	d operated exc	lusively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12	of one or r	ation organized an nore publicly supp	d operated excluders or control of the control of t	usively for the benefit of tions described in sect describes the type of su	of, to perf	form the f	functions of, or to ca	e cention 500(a)(3)
а	☐ Type i. the sup	A supporting orga ported organization	nization operation(s) the power!	ed, supervised, or cont to regularly appoint or plete Part IV, Sections	trolled by elect a m	its suppo	orted organization(s)	typically by giving
b	☐ Type II. control	A supporting organic or management or	anization supen f the supporting	vised or controlled in co organization vested in t IV, Sections A and C	onnection	with its	supported organizat that control or man	ion(s), by having nage the supported
С	☐ Type III	functionally inte	grated. A supp	orting organization ope ions). You must comp	rated in c	connectio	n with, and function	ally integrated with,
d	Type III	non-functionally of functionally into	integrated. A segrated. The order	supporting organization ganization generally mu complete Part IV, Se	operate	d in conn	ection with its supp	orted organization(s) nd an attentiveness
e	☐ Check t	his box if the orga	nization receive	d a written determinati actionally integrated su	on from t	he IRS th	est it is a Two I Two	e II, Type III
f g	Enter the nun	nber of supported	organizations	oported organization(s)				4
	(i) Name of suppor	ted organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	fisted in yo	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vii) Amount of other support (see instructions)
(A)					Yes	No		
(B) (C)								
(D)								
(E)								

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.)

Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	331,421.	230,078.	485,313.	420,157.	470,000.	1,936,969.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	331,421.	230,078.	485,313.	420,157.	470.000	1,936,969.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					7,4,500.	1,550,507.
6	Public support. Subtract line 5 from line 4	10000					1,936,969.
	ion B. Total Support						2100010001
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	331,421.	230,078.	485,313.	420,157.	470,000.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	٥.	0.	0.	10		W. == W =
9	Net income from unrelated business activities, whether or not the business is regularly carried on	×.			10.	В.	18.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,936,987.
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	organization	s first, second	f third fourth	or fifth tax ye	12 ar as a sectio	es ED460295
	organization, check this box and stop here						▶ □
	on G. Computation of Public Support	Percentage					
14		column (f) div	ided by line 1	1, column (f))	+ + + +	14	100%
16a	Public support percentage from 2016 Sche	edule A, Part II	l, line 14 .			15	100 %
100	and analysis and an arrange of deling	ation ald not	check the box	on line 13, and	d line 14 is 33	a% or more,	check this
ь	box and stop here. The organization qualit 33½% support test—2016. If the organiza- this box and stop here. The organization of	ation did not d	check a box or	line 13 or 16a	and line 15 i	e 331,096 or m	ore check
17a		17. If the organits the "facts- acts-and-circu	nization did no and-circumsta mstances" tes	nt check a box noes" test, che st. The organiz	on line 13, 16 ack this box ar	ia, or 16b, and nd stop here.	t line 14 is Explain in
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	16. If the orga- on meets the sets the "facts	nization did no facts-and-ci	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check the he organization	is box and a	a, and line top here.
18	Private foundation. If the organization did instructions	not check a b	ox on line 13.	16a, 16b, 17a	or 17h check	this boy and	200

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

(Complete only if you checked the how	on line 40 of Death - Mar
to on piece only if you criecked the bux	on line 10 of Part I or if the organization failed to qualify under Part II.
Market and the second	and a geometrical to quality under Fait II.
If the organization fails to qualify under	the tests listed below, please complete Part II \
Secure of the doding A district	UIG USUS IISUEU DEKOW, DIRESSE COMPLIATO PORT II V

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
 Gifts, grants, contributions, and membership fees 					(0) 23.11	ty rotat
received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.)			DEON NE		P. III	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(e) 2015	4-0 0010 T	4.1.0047	10.7
9 Amounts from line 6	(0) 2010	101 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 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.)						
14 First five years. If the Form 990 is for the organization, check this box and stop here		1000	d, third, fourth	or fifth tax ye	ar as a section	501(c)(3)
ection C. Computation of Public Support	Percentage	,				
15 Public support percentage for 2017 (line 8,	column (f) div	rided by line 13	3, column (f))		15	96
16 Public support percentage from 2016 Sche	edule A. Part I	II. line 15 .			16	96
ection D. Computation of Investment Inc	ome Percer	tage			1.22	3/9
17 Investment income percentage for 2017 (lin	ne 10c, colum	n (f) divided by	line 13, colum	an (f))	17	96
18 Investment income percentage from 2016	Schedule A, P	art III, line 17			18	94
19a 33 ¹ n% support tests—2017. If the organiz	ation did not	check the box	on line 14, an	d line 15 is mo	re than 331,50	and line
17 is not more than 33 a%, check this box a	nd stop here.	The organizatio	n qualifies as a	publicly suppo	rted organization	n . ▶ □
line 18 is not more than 331/3%, check this bo	x and stop he	re. The organiz	ation qualifies	as a publicly su	pported organi	zation >
20 Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, c	heck this box a	nd see instruc	tions >

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Maria de la compania del la compania del la compania de la compania del la compania de la compania del la compani		Yes	No
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.		100	140
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.	2		
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.	3a		
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.	3b		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	3c		
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.	4a		
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.	4b		
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).	4c		
ь	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?	5a		1
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		1209

- If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

8

9a

9b

9a

10a

10b

Part	V Supporting Organizations (continued)			Page 4
	occupation (1995) of Emission Consideration (1995) was before		Yes	No
11	and a second according a district contribution from any of the inflowing persons?			
a	The state of the s		32	
b	below, the governing body of a supported organization?	11a		
c	y V. a porour document in juy tayoyo i	11b		
_	ion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3=	169	NO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	ion C. Type II Supporting Organizations	2		
	ex - Type is supporting Organizations	1	V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		Yes	NO
Secti	ion D. All Type III Supporting Organizations	1		
0000	on of All Type in Supporting Organizations		w .	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
2		1		
-	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I			
3	☐ The organization satisfied the Activities Test. Complete line 2 below.	nstruc	tions	96
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 ins	tructi	onsl
2	Activities Test, Answer (a) and (b) below.	4		
а	220 TO FROM THE STOCK OF THE TOTAL STATE OF THE STATE OF		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		- 1

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	and the second		Page
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	on Smids	N 00 4070 I	plain in Part VI). See
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1 Net short-term capital gain		(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 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		I SELLING THE	(optional)
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	SIA		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	THE RESERVE OF THE PARTY OF THE	NAME OF TAXABLE PARTY.
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035,	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		50.000000000000000000000000000000000000
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructional.	y integr	ated Type III supporting	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Par	21 Tree of the control of the contro	3) Supporting Organi	zations (continued)	Pag
-	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	nases of supported area	nizations	
4	Amounts paid to acquire exempt-use assets	occes or supported orga	riizauoris	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
-	and a serious serious by sine a serious		ren	and a
s	iection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		A STREET, STRE	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI), See instructions.			
3	Excess distributions carryover, if any, to 2017	Design to the later	the state of the state of	
a			THE PERSON NAMED IN	
b	From 2013			
c	From 2014	Magnitude Control	Berthall Berthall	
ď	From 2015			
e	From 2016			
f.	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Ten la		
h	Applied to 2017 distributable amount		HANGE BUILDING	
1	Carryover from 2012 not applied (see instructions)			E DOWNERS OF THE REAL PROPERTY.
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
a	Applied to underdistributions of prior years	A PORT AND THE PARTY NAMED IN		
b	Applied to 2017 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c,			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014	BOH WALL		GLASTIC CO.
c	Excess from 2015 , , ,			
d	Excess from 2016	SILVE SELECTION		
0	Excess from 2017 , , ,			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

· · · · · · · · · · · · · · · · · · ·	

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number TRI-STATE PUBLIC COMMUNICATIONS, INC 02-0550612 Organization type (check one): Filers of: Section: Form 990 or 990-FZ 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 filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/s% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

TRI-STATE PUBLIC COMMUNICATIONS, INC

Employer identification number

02-0550612

Contributors (see instructions). Use duplicate c	opies of Part I if additional space is	needed.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ANONYMOUS 67 MAIN STREET SHARON CT 06069	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 ANONYMOUS 67 MAIN STREET SHARON CT 06069 Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 ANONYMOUS 67 MAIN STREET \$ 10,000. SHARON CT 06069 (b) Name, address, and ZIP + 4 Total contributions \$ (c) Total contributions \$ (c) Name, address, and ZIP + 4 Total contributions \$ (c) Total contributions \$ (c) Name, address, and ZIP + 4 Total contributions \$ (c) Total contributions \$ (c) Total contributions \$ (c) Total contributions \$ (c) Name, address, and ZIP + 4 Total contributions

TRI-STATE PUBLIC COMMUNICATIONS, INC

Employer identification number

02-0550612

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) (c) Description of noncash property given (See instructions.)		(d) Date received			
		ss				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		s				
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
-			01100			
n) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		ss				
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
) No. rom 'art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number

Part III	(10) that total more than \$1,000 for the following line entry. For organiza	etc., contributions to on ir the year from any one ations completing Part III	contributor, enter the tot	02-0550612 described in section 501(c)(7), (8), or . Complete columns (a) through (e) and al of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for t Use duplicate copies of Part III if ad	he year. (Enter this information of the product of	nation once.	See instructions.) ▶ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o	(10 50)	
	Trenerero o Harric, address, e		Helatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	in	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o	50	nahip of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	n	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
-				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRI	-STATE PUBLIC COMMUNICATIONS, INC			50612
	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or A	ccounts.
-	Complete if the organization answered *	'Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in do	nor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef	nd donor advisors in writing that gran	nt funds o	can be used
	conferring impermissible private benefit?			· · · · □ Yes □ No
Par	Conservation Easements.			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).		
	 Preservation of land for public use (e.g., recreat 	ion or education) Preservation of	a histori	cally important land area
	☐ Protection of natural habitat.	☐ Preservation of	a certifie	ed historic structure
112	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	on in the f	form of a conservation
	easement on the last day of the tax year.		133	Held at the End of the Tax Year
8	Total number of conservation easements	809 809 809 804 904 804 I	2	2a
ь	Total acreage restricted by conservation easements	ta mana manasara	2	2b
d	Number of conservation essements on a certified h	istoric structure included in (a)	2	DC .
u	Number of conservation easements included in (historic structure listed in the National Register .	c) acquired after 7/25/06, and not	on a	
3	Number of consequation assemble modified trans	formed colored Art Libert	. 2	d
~	Number of conservation easements modified, trans tax year ►	terred, released, extinguished, or terri	ninated b	y the organization during the
4	Number of states where property subject to conser	vation exceptant is located .		
5	Does the organization have a written policy reg	arding the periodic monitoring los	naction	bandles of
	violations, and enforcement of the conservation eas	ements it holds?	decement,	· · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspecti			
	•	and the same of th	AUTOCI VILLI	or customens ourng the year
7	Amount of expenses incurred in monitoring, inspecting ▶\$	g, handling of violations, and enforcing of	conservat	ion easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 1	70(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports or balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer	onservation easements in its revenue the footnote to the organization's fin- nts.	ancial sta	ense statement, and itements that describes the
Part	Organizations Maintaining Collections Complete if the organization answered "	of Art, Historical Treasures, or Yes" on Form 990, Part IV, line 8.	Other S	imilar Assets.
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	S 116 (ASC 958), not to report in its assets held for public exhibition, ed	ucation.	or research in furtherance of
b		AS 116 (ASC 958), to report in its a assets held for public exhibition, ed	evenue :	statement and balance sheet
	(i) Revenue included on Form 990, Part VIII, line 1		tion area	. > \$
	(ii) Assets included in Form 990, Part X			▶ 9
2	If the organization received or held works of art, following amounts required to be reported under SF	historical treasures, or other similar AS 116 (ASC 958) relating to these its	assets f ems:	or financial gain, provide the
8	Revenue included on Form 990, Part VIII, line 1 .	Elif. son eur eur eus eus eus -	control	▶ \$
b	Assets included in Form 990, Part X			▶ \$

REV 11/13/17 PRO

Pau	Organizations Maintaining	Callantiana of A	A 115-1-1				Page ;
3	Organizations Maintaining Using the organization's acquisition,	accession and other	t, Historica	I Ireasures,	or O	ther Similar As	sets (continued)
150	collection items (check all that apply)	docession, and one	records, cri	eck any of the	e tollo	wing that are a s	ignificant use of it
a	☐ Public exhibition		d 🗆 Los	an or exchange			
b	Scholarly research		e 🗆 Oth		e prog	rams	
C	☐ Preservation for future generation	8	о <u> </u>				
4	Provide a description of the organiza XIII.	tion's collections and	d explain how	they further t	the org	ganization's exem	pt purpose in Pa
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive do	nations of an	t, historical tre	easure	s, or other simila	
Par	Escrow and Custodial Arra	angements.		organization	A11 13 134	ollection?	☐ Yes ☐ No
	Complete if the organization	answered "Yes" o	n Form 990,	Part IV, line	9, or	reported an am	ount on Form
	990, Part X, line 21.						
1a	and the second s	, custodian or other	intermediary	for contribution	ons or	other assets no	t
b	included on Form 990, Part X? , ,				= 17		Yes No
D	If "Yes," explain the arrangement in P	art XIII and complete	the following	table:	-		
o	Beginning balance					17.43	nount
d	Additions during the year		* * * * * *		10		
e	Distributions during the year		* **** ****	4 4 4	10		
f	Ending balance				1e		
2a	Did the organization include an amou	nt on Form 990. Part	X line 21 for	escrow or cut	etadia	account linbility	D Van D Na
b	If "Yes," explain the arrangement in P.	art XIII. Check here if	the explanati	on has been r	roulde	ed on Part VIII	Yes No
Par	t V Endowment Funds.		and an openior realis	or nao been p	at Granda	ou on Fait Alli .	
	Complete if the organization	answered "Yes" o	n Form 990.	Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(a) Four years back
1a	Beginning of year balance , , ,						
b	Contributions						
C	Net investment earnings, gains, and						
	losses						
d e	Grants or scholarships Other expenditures for facilities and						
্	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year end b	alance (line 1	g, column (a))	held a	ns:	
а	Board designated or quasi-endowmer	nt ▶%					
ь	Permanent endowment >	96					
c	Temporarily restricted endowment ▶	96	w				
3a	The percentages on lines 2a, 2b, and 2	2c should equal 1009	6.		4.87	1999 12 70	
	Are there endowment funds not in the organization by:	s possession or the c	rganization tr	nat are neig ar	nd adr	ministered for the	place in the same of the same
	(i) unrelated organizations						Yes No
	(ii) related organizations						38(1)
b	If "Yes" on line 3a(ii), are the related or	ganizations listed as	mouired on S	chadula D2			3a(ii)
4	Describe in Part XIII the intended uses	of the organization's	endowment	funds.			3b
Part	VI Land, Buildings, and Equip	ment.					
	Complete if the organization	answered "Yes" or	Form 990,	Part IV, line	11a. S	See Form 990. F	Part X. line 10
	Description of property	(a) Cost or other t (investment)	sesis (b) Cost	or other basis other)	(c) A	ocumulated preciation	(d) Book value
1a	Land			10	120	C 1150 110	
b	Buildings					100000000000000000000000000000000000000	
C	Leasehold improvements			71,609.		44,339.	27,270.
d	Equipment		2	298,530.		283,006.	15,524.
е	Other		2	266,624.		99,051.	167,573.
otal.	Add lines 1a through 1e. (Column (d) m	ust equal Form 990,	Part X, column	n (B), line 10c.	1		210,367.

	Investments – Other Securities. Complete if the organization answered "Yes" on Fo	em 000 Part IV lina	11b Cas Farm 000 Dart V III at
	(a) Description of security or category (notuding name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financia	derivatives		
	held equity interests		
3) Other			
(A)			
(B)			
(C)	***************************************		
(D)			
(E)	***************************************		
(F) (G)			
(H)			
	Name to an of East 200 Day V and 200 East 201 B		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related.		
CITY VIII	Complete if the organization answered "Yes" on Fo	m 000 Part IV line	110 Pos Form 000 Post V II 1
	(a) Description of investment	The second secon	The state of the s
	pay proception of threatment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
[2]			
3)			
4)			
5)			
6)			
7)			
8)			
(9)	ACTION OF A PRINCE OF THE PRIN		
otal. (Column (i	b) must equal Form 990, Part X, col. (6) line 13.) ▶		
D 102			
Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 990, Part X, line 15
		m 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value
(1)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1) (2) (3)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1) (2) (3)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
1) 2) 3) 4)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on For		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on For	tor tor tor tor	(b) Book value
(1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Coku	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form	tor tor tor tor	(b) Book value
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Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Page 4 Return,
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
ь	Donated services and use of facilities	
d	Recoveries of prior year grants	
	Other (Describe in Part XIII.)	33.5
3	Subtract line 2e from line 1	2e
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) ,	
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities 2a	
ь	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
3		2e
4	Subtract line 2e from line 1	3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
ь	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	The state of the s
z, rar	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation.
· ·		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25s, 25b, 26, 27, 28s, 28b, or 28c, or Form 990-EZ, Part V, line 38s or 40b.

➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

(a) (b) (c) (c) (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part Excess Bene	efit Transactio	ns (section 50)	17/2/20	\ section	501/c\(d) as	d S	Od/e)mm assessi	0550					
1 (a) Name of dequatified person (b) Peditionally between dequalified person and crystation (c) 12 (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Complete if t	he organization	answered "Ye	ss" on	Form 99	90, Part IV, li	ne 2	5a or 25b, or Fo	m 99	s only 10-EZ). Part	V, line	e 40b	62
(1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Name of disqualified person (b) Relationship between disc			disqualifie	isqualified person and							(d) Corrected	
23 (4) (5) (6) (7) (8) (9) (9) (9) (10	(4)		organization					Total resemblishing of Editod/1000					Yes	No
49 49 49 49 49 49 49 49														
(6) (6) (7) (8) (9) (9) (9) (10)					_		_							
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization organization principal amount on form 990-Part X, line 5, 6, or 22. (a) Name of interested person (b) Pelebiondrip (c) Purpose of (d) Loan to organization organization (e) Purpose of (e) Original principal amount														
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$\$ Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990 Part X, line 5, 6, or 22. [4] Name of interested person [4] Name of interested person [5] ITLL GOODMAN OFFICER OPERATIN \$\frac{1}{2}\$ 29000. [6] OFFICER OPERATIN \$\frac{1}{2}\$ 250000. [6] OFFICER OPERATIN \$\frac{1}{2}\$ 24500. [7] OFFICER OPERATIN \$\frac{1}{2}\$ 24500. [8] OFFICER OPERATIN \$\frac{1}{2}\$ 24500. [9] OFFICER OPERATIN \$\fra							_							
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$														
Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990-Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or tour the organization (e) Original principal amount or form 990-Part IV, line 26; or if the organization (f) ITILL GOODMAN OFFICER OFFICER PURCHASE 250000 0.0. (2) ITILL GOODMAN OFFICER O	2 Enter the amount	of tax incurred	by the organ	nizatio	on mana	gers or disq	uali	fied persons du	ring t	he ye	ar			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. [a) Name of interested person [b) Relationship with organization [b) Relationship with organization [c) Purpose of loan to or from the organization [d) Lan to or from the organization [d) Lan to or from the organization [d) Belance due (g) In detail (f) this Appended by based or spreament? [d) Intit. Goodman OFFICER OPERATIN X 29000 0.		전경영양 유입일 - 경향	line 2 above	roins	bureonel bu	the recent		200 000 00	+ 4			5	_	_
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to organization principal amount (e) Purpose of loan (f) Loan to organization (f) Belance due (g) In default (h) Approved (g) Verson (h) Approved (g) Indefault (h) Approved (g) Indefault (h) Approved (g) Indefault (h) Approved (g) Verson (h) Ves (h) Ves (h) Ves (h) Verson (h) Verson (h) Verson (h) Verson (h) Verson (h) Verson (h) Approved (h) A	and an analysis of the second	er san, it day, ta	mic z, above,	rema	bursed by	y tne organiz	atio	Dr 12 20	1 19	8 8		5		
with organization loan trum the organization? To From To From To From To To From To To To To To To To	Complete if the organization is	ne organization reported an am	answered "Ye ount on Form :	es" on 990, F	art X, lin	e 5, 6, or 22.			10000	20.07950			f the	100000
1)	(a) reality to a storeout parace)			tr	om the			(f) Balance due	(g) In default?		by board or		(j) Written agreement?	
1) JILL GOODMAN OFFICER OPERATIN									Yes	No	Yes	No	Yes	No
	The state of the s	OFFICER	OPERATIN.	X		29000		n	7,000	X	X	1		- Miles
3) JILL GOODMAN OFFICER OPERATIN X 315500. 315500. X X X X X X X X X X X X X X X X X X	The second secon	OFFICER	THE RESERVE OF THE PROPERTY OF			Problem Street Co.		The state of the s		X				
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(5) TILL GOODMAN OFFICER OPERATIN X 294500. 294500. X X X X (6) (7) (7) (8) (8) (9) (10) (7) (7) (8) (9) (10) (7) (10) (10) (10) (10) (10) (10) (10) (10		OFFICER	OPERATIN	X		11.000 (1.00 A 1.00 A		F - 31 - C - C - C - C - C - C - C - C - C -						
(6) (7) (8) (9) (10) Fotal Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (e) Purpose of assistance (e) Purpose of assistance (f) (2) (3) (4) (5) (6) (7) (8)		OFFICER	OPERATIN	X		294500.		CO. VI. CO. VI. VI. VI. VI. VI. VI. VI. VI. VI. VI		X	X			
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(9) (10) Total	The state of the s													-
Total														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Peletionship between interested person and the organization (c) Amount of assistance person and the organization (d) Type of assistance (e) Purpose of assistance (3) (4) (5) (6) (7)	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW													
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) (2) (3) (4) (5) (6) (7)	Contract to the contract of th													
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(6) (7) (8)										_				
(7) (8)														-
(8)														
(9)														
10)														

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(c) Sharing of organization's revenues?							
-					Yes	No						
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(2)												
(3)												
(4)												
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Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule I. (see	instructions).								

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

DMB No. 1545-0047

Department of the Treasury Internal Revenue Sanica Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
TRI-STATE PUBLIC COMMUNICATIONS, INC	02-0550612
Pt VI, Line 11b: FORM 990 IS PRESENTED TO THE ORGANIZATION FOR RE	EVIEW PRIOR
TO THE FILING OF FORM 990.	
Pt VI, Line 19: GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATE	MENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.	

