

Mitchell Emert & Hill, P.C.
416 Erin Drive
Knoxville, TN 37919-6205
865-522-2396

November 1, 2018

CONFIDENTIAL

EAST TENNESSEE PUBLIC
COMMUNICATIONS CORPORATION
1611 E. MAGNOLIA AVENUE
KNOXVILLE, TN 37917-7825

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Mitchell Emert & Hill, P.C.
416 Erin Drive
Knoxville, TN 37919-6205

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.** If previously signed and returned no further action is required.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Best regards,

Mitchell Emert & Hill, P.C.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 2018

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization **EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION**

Employer identification number
62-1173293

Name and title of officer
**VICKIE LAWSON
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,912,005</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MITCHELL EMERT & HILL, P.C. to enter my PIN 73293 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date }

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62324966578

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } ANNE CAVER, CPA

Date }

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION		D Employer identification number 62-1173293
	Doing business as		E Telephone number 865-595-0242
	Number and street (or P.O. box if mail is not delivered to street address) 1611 E. MAGNOLIA AVENUE		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code KNOXVILLE TN 37917-7825		G Gross receipts\$ 2,912,005

F Name and address of principal officer:
VICKIE LAWSON
1611 E. MAGNOLIA AVENUE
KNOXVILLE TN 37917-7825

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.ETPTV.ORG** **H(c)** Group exemption number **U**

K Form of organization: Corporation Trust Association Other **U** **L** Year of formation: **1983** **M** State of legal domicile: **TN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF PUBLIC TV STATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	110
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,705,276	2,835,694
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,740	19,100
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,421	12,933
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,806	44,278
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,144,819	1,113,590
	16a Professional fundraising fees (Part IX, column (A), line 11e)	153	6,000
	b Total fundraising expenses (Part IX, column (D), line 25) U 564,864		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,043,161	2,098,079
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,188,133	3,217,669
19 Revenue less expenses. Subtract line 18 from line 12	-420,890	-305,664	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,308,226	3,004,146
	22 Net assets or fund balances. Subtract line 21 from line 20	99,594	100,266
		3,208,632	2,903,880

Part II Signature Block

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

Sign Here

Signature of officer: **VICKIE LAWSON** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **ANNE CAVER, CPA** Preparer's signature: **ANNE CAVER, CPA** Date: **11/01/18** Check if self-employed PTIN: **P01213272**

Firm's name: **MITCHELL EMERT & HILL, P.C.** Firm's EIN: **62-1483064**
 Firm's address: **416 ERIN DRIVE KNOXVILLE, TN 37919-6205** Phone no.: **865-522-2396**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OPERATION OF PUBLIC TV STATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,323,665** including grants of \$) (Revenue \$ **19,100**)

OPERATION OF PUBLIC TELEVISION STATIONS WETP AND WKOP FOR THE BENEFIT AND EDUCATION OF THE EAST TENNESSEE VIEWING AREA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,323,665**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No response boxes. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TN
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:

EAST TN PUBLIC COMM CORP
KNOXVILLE

1611 E. MAGNOLIA AVE

TN 37917

865-595-0220

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL NICHOLS	1.00									
CHAIRMAN	0.00	X		X			0	0	0	
(2) SHIRLEY FOX ROGERS	1.00									
VICE CHAIRMAN	0.00	X		X			0	0	0	
(3) PETER ALLIMAN	1.00									
2ND VICE CHAIRMAN	0.00	X		X			0	0	0	
(4) JIM TINDELL	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) WILL BUNCH	1.00									
TREASURER	0.00	X		X			0	0	0	
(6) JAMES T. NORMAND	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) ROSALYN TILLMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) ED WHEELER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) BILLY G. TINDELL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) WILLIAM STEPHENSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) SILVIA WOODS	1.00									
BOARD MEMBER	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JAMES MACDONALD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) JIM JENNINGS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) JOHN SNODDERLY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) JIM FREEMAN	1.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(16) BECKY MASSEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) VICKIE LAWSON	40.00									
PRESIDENT	0.00			X			105,013	0	6,487	
1b Sub-total							105,013		6,487	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							105,013		6,487	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	632,835			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,202,859			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	U	2,835,694			
Program Service Revenue	2a SCHOLARS BOWL	Busn. Code	19,100	19,100		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	U	19,100			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	U	12,933	12,933		
	4 Income from investment of tax-exempt bond proceeds	U				
	5 Royalties	U				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	U				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	U				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	U				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	U					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	U					
Miscellaneous Revenue		Busn. Code				
11a TOWER LEASE			40,562	40,562		
b PBS COPYRIGHT (CABLE ROYALTY)			1,817	1,817		
c MISCELLANEOUS REVENUE			1,699	1,699		
d All other revenue			200	200		
e Total. Add lines 11a-11d	U		44,278			
12 Total revenue. See instructions.	U		2,912,005	76,311	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,167	64,380	17,880	25,907
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	772,315	459,676	127,664	184,975
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	170,112	97,110	16,030	56,972
10 Payroll taxes	62,996	37,239	10,893	14,864
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	48,017	2,117	45,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,000			6,000
f Investment management fees				
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	12,197	669	4,364	7,164
13 Office expenses	192,611	65,622	6,894	120,095
14 Information technology	14,164			14,164
15 Royalties				
16 Occupancy	426,992	371,676	10,503	44,813
17 Travel	11,293	7,407	295	3,591
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,789	5,939	12,287	18,563
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	393,509	382,340	11,169	
23 Insurance	40,152	23,409	8,940	7,803
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 NIGHT PROGRAMMING	640,192	640,192		
b MEMBERSHIP FEES	55,690	10,588	45,102	
c COMMUNICATIONS	28,437	15,192	5,543	7,702
d OTHER PROGRAM DIST	28,426	28,426		
e All other expenses	169,610	111,683	5,676	52,251
25 Total functional expenses. Add lines 1 through 24e	3,217,669	2,323,665	329,140	564,864
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	305,349	1	319,843
	2	Savings and temporary cash investments	846,815	2	694,905
	3	Pledges and grants receivable, net	141,379	3	156,443
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	507
	8	Inventories for sale or use	4,835	8	4,835
	9	Prepaid expenses and deferred charges	500	9	12,750
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,311,465		
	b	Less: accumulated depreciation	10b 5,798,654	10c	1,512,811
	11	Investments—publicly traded securities	112,554	11	274,860
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	29,412	14	27,192
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,308,226	16	3,004,146	
Liabilities	17	Accounts payable and accrued expenses	35,182	17	17,146
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	22,638
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	64,412	25	60,482
	26	Total liabilities. Add lines 17 through 25	99,594	26	100,266
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	614,476	27	644,685
	28	Temporarily restricted net assets	2,594,156	28	2,259,195
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,208,632	33	2,903,880	
34	Total liabilities and net assets/fund balances	3,308,226	34	3,004,146	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,912,005
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,217,669
3	Revenue less expenses. Subtract line 2 from line 1	3	-305,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,208,632
5	Net unrealized gains (losses) on investments	5	912
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,903,880

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION	Employer identification number 62-1173293
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar 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.")	2,760,281	2,574,351	2,697,106	2,705,276	2,835,694	13,572,708
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	157,171	254,212	63,568	56,367	76,311	607,629
3 Gross receipts from activities that are not an 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	2,917,452	2,828,563	2,760,674	2,761,643	2,912,005	14,180,337
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						14,180,337

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	2,917,452	2,828,563	2,760,674	2,761,643	2,912,005	14,180,337
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,842	12,520	11,215	9,092	13,845	55,514
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,842	12,520	11,215	9,092	13,845	55,514
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.)	2,926,294	2,841,083	2,771,889	2,770,735	2,925,850	14,235,851
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.61 %
16 Public support percentage for 2016 Schedule A, Part III, line 15	16	99.62 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

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):		
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):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section 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			
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:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j 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			
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:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION	Employer identification number 62-1173293
--	--

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

Name of organization EAST TENNESSEE PUBLIC	Employer identification number 62-1173293
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD. ROCKFORD TN 37853	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CLAYTON FAMILY FOUNDATION 502 W. SUMMIT HILL DRIVE #801 KNOXVILLE TN 37902	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT & TONI BADER CHARITABLE FND BOX 30756 INDIANAPOLIS IN 46220	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PBS DIGITAL STUDIO 2100 CRYSTAL DRIVE ARLINGTON VA 22202	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KNOX COUNTY HEALTH DEPARTMENT 1000 N. CENTRAL STREET, SUITE 100 KNOXVILLE TN 37917	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION

Employer identification number

62-1173293

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: U \$, U \$. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,500		32,500
b Buildings		734,735	547,773	186,962
c Leasehold improvements		103,651		103,651
d Equipment		6,194,298		6,194,298
e Other		246,281		246,281
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	6,763,692

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED VACATION LEAVE	60,482	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	60,482	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

U Attach to Form 990 or 990-EZ.

U Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization	EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION	Employer identification number 62-1173293
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 REVIEWED BY PRESIDENT/GENERAL MANAGER, ASSISTANT GENERAL MANAGER, FINANCE
 COMMITTEE AND BOARD OF TRUSTEES

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 THE TRUSTEES UPDATE CONFLICT OF INTEREST DISCLOSURES AFTER EACH JOB CHANGE
 OR TRUSTEE CHANGE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE PRESIDENT/GENERAL MANAGER COMPENSATION IS DETERMINED BY THE EXECUTIVE
 COMMITTEE AND BROUGHT TO THE TRUSTEE MEETING FOR APPROVAL OR CHANGE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 COMPENSATION FOR ALL STAFF IS DETERMINED BY THE PRESIDENT/GENERAL MANAGER
 AND PLACED IN THE BUDGET TO BE APPROVED BY THE TRUSTEE YEARLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 A COPY IS PLACED IN PUBLIC FILE, UPLOADED TO FCC REQUIRED SITE, POSTED ON
 EAST TN PBS WEBSITE AND COMPUTER IS AVAILABLE FOR PUBLIC USE TO VIEW THIS
 INFORMATION.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Department of the Treasury
Internal Revenue Service (99)

U Attach to your tax return.
U Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **EAST TENNESSEE PUBLIC COMMUNICATIONS CORPORATION**

Identifying number
62-1173293

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	391,297

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	391,297
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a		Yes		No		24b				Yes		No	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)			(i)			
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction			Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use:													
		%											
		%											
27 Property used 50% or less in a qualified business use:													
		%				S/L-							
		%				S/L-							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28						
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year				43	2,220
44 Total. Add amounts in column (f). See the instructions for where to report				44	2,220

62-1173293

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
13	LAND-SNEEDVILLE	10/01/84	7,500			7,500	0 -- Land	0	0
14	TRANSMITTER BUILDING	10/01/84	92,000			92,000	30 MO S/L	81,900	0
24	I/O 2PCB BITSTREAM	3/01/87	650			650	10 MO S/L	650	0
85	RACKS & ACCESSORIES	11/01/89	2,948			2,948	8 MO S/L	2,948	0
117	LEASEHOLD IMPROVEMENTS-SHARP'	8/01/90	60,112			60,112	20 MO S/L	60,112	0
140	OFFICE BUILDING-MAGNOLIA AVE.	5/01/93	227,277			227,277	30 MO S/L	162,655	6,743
159	BETACAM RECORDER/PLAYER	1/01/93	31,730			31,730	8 MO S/L	28,730	0
162	BETACAM SP RECORDER	1/01/93	28,250			28,250	8 MO S/L	25,250	0
176	3-VIDEO PATCH BAYS	12/01/92	2,340			2,340	8 MO S/L	2,140	0
210	(4) EQUIPMENT RACKS	12/01/92	5,917			5,917	8 MO S/L	5,417	0
211	(2) BETACAM RECORDER/PLAYER	11/01/92	26,440			26,440	8 MO S/L	23,840	0
224	LAND-MAGNOLIA AVE.	5/01/93	25,000			25,000	0 -- Land	0	0
225	BUILDING ADDITION-MAGNOLIA AVE	5/01/94	356,824			356,824	30 MO S/L	252,679	10,728
226	VALUPROMPT PROMPTER	7/01/93	2,635			2,635	8 MO S/L	2,635	0
227	EASYVIEW PROMPTER	7/01/93	2,302			2,302	8 MO S/L	2,302	0
228	EASYVIEW PROMPTER	7/01/93	2,302			2,302	8 MO S/L	2,302	0
229	VINTEN CAMERA	7/01/93	3,930			3,930	8 MO S/L	3,930	0
230	2-1/2 HP RADIAL SAW	8/01/93	500			500	8 MO S/L	500	0
236	EDITING RACKS/PANEL	12/01/93	2,802			2,802	8 MO S/L	2,802	0
237	EDITING SYSTEM INSTALLATION	12/01/93	10,022			10,022	8 MO S/L	10,022	0
243	(13) COMPUTER DESKS	11/01/93	5,612			5,612	10 MO S/L	5,612	0
244	(4) DESKS	11/01/93	1,888			1,888	10 MO S/L	1,888	0
252	SATELLITE DISH	10/01/93	1,723			1,723	7 MO S/L	1,723	0
254	CURTAIN TRACK SYSTEM	7/01/94	6,575			6,575	10 MO S/L	6,575	0
255	XV30H PORTABLE FRT	7/01/94	3,000			3,000	7 MO S/L	3,000	0
260	(12) MICROPHONES	9/01/94	2,500			2,500	8 MO S/L	2,500	0
263	(18) CHAIRS	8/01/94	720			720	10 MO S/L	720	0
264	(10) FOLDING TABLES	8/01/94	400			400	10 MO S/L	400	0
265	(4) STUFFED CHAIRS	8/01/94	100			100	10 MO S/L	100	0
269	(6) COMPUTER TABLES	8/01/94	220			220	10 MO S/L	220	0
282	WIRELESS MICROPHONE	8/01/95	1,475			1,475	8 MO S/L	1,475	0
285	WIRELESS MICROPHONE	5/01/96	1,465			1,465	8 MO S/L	1,465	0
338	AIR CONDITIONER	5/22/98	2,150			2,150	15 MO S/L	2,150	0
339	BETA VIDEO TAPE MACHINE HEAD- F	7/02/97	814			814	5 MO S/L	814	0
356	7 SONY ECM-55B MIC	4/14/99	1,764			1,764	5 MO S/L	1,764	0
361	PROTRACK SOFTWARE/DATABASE &	11/12/98	29,080			29,080	8 MO S/L	29,080	0
364	MAIN FUNDRAISING MODULE v5.5	1/02/99	16,960			16,960	8 MO S/L	16,960	0
368	ROPER REFRIGERATOR	5/01/94	600			600	10 MO S/L	600	0
373	(8) TV'S/(1) VCR	1/01/96	1,380			1,380	10 MO S/L	1,380	0
376	BATTERY BACKUP SYSTEM	12/01/95	390			390	5 MO S/L	390	0
377	TELEVISION	4/15/97	330			330	10 MO S/L	330	0
379	COPIER- SAVIN 9925 RICH0	4/09/98	8,874			8,874	10 MO S/L	8,374	0
429	STUDIO LIGHTING CONTROL BOARD	6/13/00	27,800			27,800	10 MO S/L	25,020	0
430	DIGITAL TIME DISPLAY	6/21/00	660			660	10 MO S/L	660	0
431	DIGITAL TIME DISPLAY	6/21/00	660			660	10 MO S/L	660	0
432	DIGITAL TIMER	6/21/00	490			490	10 MO S/L	490	0
448	DIGITAL CAMERA	2/15/00	583			583	10 MO S/L	583	0
449	MINI DISK RECORDER/PLAYER	7/01/99	639			639	10 MO S/L	639	0
452	TRIPSMART 1050NET POWER ALERT	7/20/00	551			551	5 MO S/L	496	0
472	I/O 16 #1	7/20/00	3,533			3,533	5 MO S/L	3,263	0
473	I/O 16 #2	7/20/00	3,533			3,533	5 MO S/L	3,263	0
474	I/O 16 #3	7/20/00	3,533			3,533	5 MO S/L	3,263	0
475	VOICE INTERFACE UNITS	7/20/00	896			896	5 MO S/L	806	0
476	COMMAND RELAY UNIT #1	7/20/00	446			446	5 MO S/L	401	0
477	COMMAND RELAY UNIT #2	7/20/00	446			446	5 MO S/L	401	0
478	COMMAND RELAY UNIT #3	7/20/00	446			446	5 MO S/L	401	0
479	COMMAND REALY UNIT #4	7/20/00	446			446	5 MO S/L	401	0
480	COMMAND RELAY UNIT #5	7/20/00	446			446	5 MO S/L	401	0
481	WIRING INTERFACE UNIT #1	7/20/00	394			394	5 MO S/L	376	0
482	WIRING INTERFACE UNIT #2	7/20/00	394			394	5 MO S/L	376	0
483	WIRING INTERFACE UNIT #3	7/20/00	394			394	5 MO S/L	376	0
484	WIRING INTERFACE UNIT #4	7/20/00	394			394	5 MO S/L	376	0
485	WIRING INTERFACE UNIT #5	7/20/00	394			394	5 MO S/L	376	0
487	TEMPERATURE SENSOR UNIT	7/20/00	287			287	5 MO S/L	257	0
488	CABLE ASSEY SENSOR PROBE #1	7/20/00	89			89	5 MO S/L	80	0
489	CALBE ASSY TEMP PROBE #2	7/20/00	89			89	5 MO S/L	80	0
490	CABLE ASSY TEMP PROBE #3	7/20/00	89			89	5 MO S/L	80	0
491	NETWORK MODULE	7/20/00	1,078			1,078	5 MO S/L	968	0

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Federal Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
492	SILENCE SENSOR UNIT	7/20/00	512			512	5 MO S/L	462	0
493	AC CURRENT SENSOR #1	7/20/00	206			206	5 MO S/L	186	0
494	AC CURRENT SENSOR #2	7/20/00	206			206	5 MO S/L	186	0
495	TWO WIRE MODEM #1	7/20/00	203			203	5 MO S/L	183	0
496	TWO WIRE MODEM #2	7/20/00	203			203	5 MO S/L	183	0
497	TWO WIRE MODEM #3	7/20/00	203			203	5 MO S/L	183	0
498	TWO WIRE MODEM #4	7/20/00	203			203	5 MO S/L	183	0
499	4-WIRE MODEM #1	7/20/00	292			292	5 MO S/L	262	0
500	4-WIRE MODEM #2	7/20/00	292			292	5 MO S/L	262	0
504	STUDIO CAMERA SYSTEM	7/20/00	209,514			209,514	10 MO S/L	189,514	0
505	CHARACTER GENERATOR	10/23/01	12,669			12,669	15 MO S/L	12,169	0
509	PROMAX PM-G4 DIGITAL EDITOR	1/31/03	15,025			15,025	10 MO S/L	13,525	0
510	PROMAX PM-G4 DIGITAL EDITOR	1/31/03	13,591			13,591	10 MO S/L	12,291	0
519	MONITOR- WOHLER VMQ2D	9/27/02	1,326			1,326	10 MO S/L	1,326	0
520	DEMODULATOR	1/31/03	5,851			5,851	10 MO S/L	5,351	0
521	HDTV SET TOP BOX	2/16/03	375			375	5 MO S/L	375	0
522	HDTV SET TOP BOX	2/16/03	375			375	5 MO S/L	375	0
523	DEMODULATOR	5/06/03	5,844			5,844	10 MO S/L	5,344	0
526	HD422 ENCODER SYSTEM	5/01/03	330,164			330,164	8 MO S/L	300,164	0
527	DIGITAL VIDEO SERVER	5/01/03	150,485			150,485	8 MO S/L	148,985	0
528	REMOTE CONTROL SYSTEM	5/01/03	12,324			12,324	8 MO S/L	11,124	0
529	EQUIPMENT RACKS	3/31/03	2,366			2,366	10 MO S/L	2,366	0
530	MICROWAVE SYSTEM	5/01/03	117,155			117,155	15 MO S/L	99,313	5,842
532	A/C 15 TON SPLIT SYSTEM	5/01/03	18,647			18,647	25 MO S/L	10,567	746
533	ELECTRICAL WIRING	5/28/03	18,540			18,540	25 MO S/L	10,444	742
534	TRANSMITTER-DIAMOND CD 7.25 KW	5/31/03	424,870			424,870	15 MO S/L	361,350	23,520
535	MONITORS- JVC TM-H1950GU	5/01/03	2,540			2,540	8 MO S/L	2,540	0
536	TRANSMITTER-RANGER 1000W	5/01/03	166,746			166,746	15 MO S/L	142,383	8,363
537	IRD HARDDRIVE-DIGITAL SATELLITE	5/01/03	5,056			5,056	5 MO S/L	5,056	0
538	MULTI-LOG SOFTWARE	5/01/03	5,000			5,000	5 MO S/L	5,000	0
539	MICROWAVE SYSTEM- TWINSTREAM	5/01/03	184,853			184,853	15 MO S/L	157,583	9,270
540	TRANSMITTER OFFICES	5/01/03	6,353			6,353	25 MO S/L	3,600	254
541	ICE MACHINE ICEU150HA	2/22/06	1,833			1,833	10 MO S/L	1,833	0
545	TRANSMITTER HARRIS DHD90	7/01/05	959,859			959,859	15 MO S/L	695,887	57,991
546	ANTENNA/TRANSMISSION LINE	7/01/05	362,180			362,180	15 MO S/L	265,744	22,145
547	TOWER- ERI 57"	7/01/05	444,396			444,396	15 MO S/L	323,517	26,959
548	DTV/ATSC MONITORING SYSTEM	7/01/05	119,084			119,084	15 MO S/L	87,267	7,272
549	DIGITAL VIDEOTAPE RECORDER	7/10/05	69,641			69,641	10 MO S/L	63,641	0
550	TRANSPORT STREAM ROUTER	7/01/05	92,810			92,810	10 MO S/L	83,810	0
551	FRAMESYNC CONVERTER	7/01/05	17,868			17,868	10 MO S/L	15,868	0
552	AUDIO PATCH PANEL	7/01/05	5,196			5,196	10 MO S/L	4,696	0
553	VIDEO PATCH PANEL	7/01/05	5,178			5,178	10 MO S/L	4,678	0
554	SD VIDEO DA'S	7/01/05	13,859			13,859	10 MO S/L	12,359	0
555	HVAC SYSTEM	8/01/05	32,840			32,840	20 MO S/L	19,567	1,642
556	FENCE	8/01/05	4,420			4,420	20 MO S/L	2,634	221
557	IDCS 500 Samsung Telephone System	10/07/04	10,462			10,462	10 MO S/L	10,462	0
559	Intercom Stations	6/15/05	1,925			1,925	7 MO S/L	1,925	0
560	(3) DIGITAL VISION SATELLITE DECOI	2/19/04	15,161			15,161	10 MO S/L	15,161	0
562	PROTRAK SERVER	6/30/04	7,300		X	0	5 MO S/L	7,300	0
564	TSID Generator	12/17/04	5,330			5,330	10 MO S/L	5,330	0
569	DIGITAL ROUTER INTERFACE	10/31/06	14,110			14,110	10 MO S/L	14,110	0
570	MAESTRO MASTER CONTROL SWITCH	10/31/06	29,445			29,445	10 MO S/L	29,445	0
571	DIGITAL INSTALLATION COSTS	6/30/07	28,105			28,105	10 MO S/L	28,105	0
572	ALLEGIANCE SOFTWARE	10/01/06	22,440			22,440	5 MO S/L	22,440	0
573	Primera Bravo SE Disc Publisher	11/01/07	1,328			1,328	10 MO S/L	1,284	44
574	EDT Software Module for Pledges	2/15/08	1,888			1,888	5 MO S/L	1,888	0
575	Master Control Racks	1/18/08	3,250			3,250	10 MO S/L	3,060	190
576	2 External modems with voice interface	11/16/07	2,129			2,129	15 MO S/L	1,360	142
577	Downstream keyer and SDI media keyer	11/16/07	17,776			17,776	10 MO S/L	17,035	741
578	Control Racks for Digital Equipment	11/07/07	10,503			10,503	10 MO S/L	10,153	350
579	Motorola Satellite receiver, 10' mesh dish	10/25/07	3,965			3,965	10 MO S/L	3,833	132
580	Digital equipment	3/01/09	1,317,155			1,317,155	10 MO S/L	1,014,295	121,716
581	2 Disc Drive Units	6/30/08	5,102			5,102	10 MO S/L	4,590	510
582	SD Input Converter Board	6/30/08	1,537			1,537	10 MO S/L	1,383	154
583	PDW75 Disc Recorder	6/30/08	12,197			12,197	10 MO S/L	10,977	1,220
584	2 PDWF Professional Camcorders with HD	6/30/08	79,651			79,651	10 MO S/L	71,686	7,965
586	LED BEACONS	8/12/09	6,850			6,850	10 MO S/L	5,423	684
587	A/C UNITS	4/30/10	6,281			6,281	10 MO S/L	4,501	628
588	IMAC COMPUTER	12/14/09	1,163			1,163	5 MO S/L	1,163	0
589	NAVE IIC NIELSEN SMPTE310	8/05/09	9,297			9,297	10 MO S/L	7,360	930
590	PSU SW 32VDC 240/480 VAC	1/28/10	17,104			17,104	10 MO S/L	12,685	1,711

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Federal Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
591	COOLING SYSTEM	6/30/10	21,348			21,348	15 MO S/L	9,962	1,424
593	VIBRATION MOUNT, TRANSLATOR	9/07/10	1,489			1,489	10 MO S/L	1,017	149
594	PSU SW 32VDC 240/480 VAC 5KW	9/27/10	3,660			3,660	10 MO S/L	2,471	366
595	CISCO ASA 5505 SECURITY ROUTER	1/20/11	1,240			1,240	10 MO S/L	796	124
596	2010 TOYOTA PRIUS	6/30/12	18,489			18,489	10 MO S/L	9,244	1,849
597	2009 TOYOTA RAV 4	6/30/12	18,908			18,908	10 MO S/L	9,454	1,891
598	SAGE 3644 Digital Encoder & Decoder	7/18/11	2,134			2,134	10 MO S/L	1,262	214
599	36KW GENERATOR	6/30/13	10,911			10,911	10 MO S/L	4,365	1,091
600	400 AMP AUTOMATIC LOAD TRANSFE	6/30/13	1,859			1,859	10 MO S/L	744	186
601	36KW GENERATOR	6/30/13	10,911			10,911	10 MO S/L	4,365	1,091
602	400 AMP AUTOMATIC LOAD TRANSFE	6/30/13	2,095			2,095	10 MO S/L	838	210
603	130 KW GENERATOR	6/30/13	25,759			25,759	10 MO S/L	10,304	2,576
604	600 AMP AUTOMATIC LOAD TRANSFE	6/30/13	4,720			4,720	10 MO S/L	1,888	472
605	TDI 3000 GROOMER	6/30/13	7,751			7,751	10 MO S/L	3,100	776
606	TDI 3000 GROOMER	6/30/13	7,751			7,751	10 MO S/L	3,100	776
607	MRD 3187B SATELITE RECEIVER	6/30/13	2,210			2,210	10 MO S/L	884	221
608	MRD 3187B SATELITE RECEIVER	6/30/13	2,210			2,210	10 MO S/L	884	221
609	AMETHYST SWITCH	6/30/13	9,487			9,487	10 MO S/L	3,795	949
610	GE LP-33U UNINTERRUPTIBLE POWER	6/30/13	23,894			23,894	10 MO S/L	9,557	2,390
611	INSTALL WARN EQUIPMENT- WKOP	6/30/13	29,402			29,402	10 MO S/L	11,761	2,940
612	INSTALL WARN EQUIPMENT- WETP	6/30/13	42,397			42,397	10 MO S/L	16,959	4,239
613	60 KW NEXUS GENERATOR	6/30/13	15,340			15,340	10 MO S/L	6,136	1,534
614	APPLE IMAC 21.5" COMPUTER	7/01/12	1,249			1,249	5 MO S/L	1,249	0
615	SOUND DEVICES 552 PRODUCTION M	7/02/12	3,100			3,100	10 MO S/L	1,550	310
616	APPLE IMAC 27 INCH	1/15/13	1,747			1,747	5 MO S/L	1,572	175
617	SONY PDW-F355 HD/DV CAMCORDER	3/14/13	7,975			7,975	10 MO S/L	3,456	797
618	Avid ISIS 5000 Shared Storage	6/10/14	55,023			55,023	10 MO S/L	24,210	5,502
619	INTEGRATED RECEIVER/DECODER AI	2/22/15	2,090			2,090	7 MO S/L	697	298
620	TRANSMITTER REMOTE CONTROL	2/27/15	9,438			9,438	7 MO S/L	3,146	1,348
621	HD DTV CAPTION ENCODER	2/27/15	7,111			7,111	7 MO S/L	2,370	1,016
622	SONY PLAYER/RECORDER DECK PDW	3/16/15	2,400			2,400	7 MO S/L	771	343
623	HP ENVY 23" DESKTOP	1/15/15	1,121			1,121	5 MO S/L	560	225
624	SPEECH INTERFACE	3/12/15	2,295			2,295	7 MO S/L	765	328
625	BXF AUTOMATION INTEGRATION TR.	3/21/15	12,700			12,700	10 MO S/L	2,858	1,270
626	SEIKI 60" LED HDTV	5/14/15	812			812	10 MO S/L	176	81
627	MINI COVERTER SDI TO AUDIO	5/18/15	871			871	7 MO S/L	259	125
628	HVAC FOR MASTER CONTROL	6/11/15	5,967			5,967	15 MO S/L	829	398
629	HVAC FOR TRANSMITTER ROOM	6/11/15	5,937			5,937	15 MO S/L	825	395
630	ENESYS CONVERTERS AND MODULA'	6/19/15	6,503			6,503	7 MO S/L	1,858	929
631	MASTER CONTROL	7/22/15	270,012			270,012	15 MO S/L	34,501	18,001
632	MPEG TRANSPORT STREAM ANALYZI	7/06/15	4,086			4,086	5 MO S/L	1,634	817
633	(2) DTV LINK A 7 HF TRANSMIT/RECEI	7/28/15	47,753			47,753	10 MO S/L	9,153	4,775
634	OFFICE FURNITURE	7/29/15	7,925			7,925	10 MO S/L	1,519	792
635	7.5 TON GOODMAN OUTDOOR CONDE	1/19/16	5,967			5,967	10 MO S/L	845	597
636	IT ROOM CONDENSER	10/26/15	9,127			9,127	10 MO S/L	1,521	913
637	PROMETHIAN BOARD W/ COMPUTER	10/26/15	6,346			6,346	5 MO S/L	2,115	1,270
638	PANASONIC AG-HMX100 MIXER (YOU'	5/16/16	2,100			2,100	5 MO S/L	455	420
639	PIX240i VIDEO RECORDER (YOUTH)	6/04/16	1,800			1,800	5 MO S/L	390	360
640	2008 TOYOTA TUNDRA	3/13/17	18,102			18,102	10 MO S/L	437	1,310
641	CAMERA	8/29/16	1,499			1,499	5 MO S/L	208	250
642	FUJINON JS18X5.5 BRD LENS	9/08/16	4,336			4,336	10 MO S/L	328	394
643	COMPUTERS (4)	4/06/17	4,582			4,582	10 MO S/L	105	418
644	2015 Honda Odyssey	2/01/18	24,757			24,757	7 MO S/L	0	1,474
645	HP Computer	4/06/18	1,100			1,100	5 MO S/L	0	55
646	Macbook Pro	2/05/18	3,713			3,713	5 MO S/L	0	309
647	Poweredge R730 Server	3/30/18	7,151			7,151	5 MO S/L	0	358
Total Other Depreciation			<u>7,311,478</u>			<u>7,304,178</u>		<u>5,407,365</u>	<u>391,297</u>
Total ACRS and Other Depreciation			<u>7,311,478</u>			<u>7,304,178</u>		<u>5,407,365</u>	<u>391,297</u>
Amortization:									
585	STATION LICENSE	10/01/83	88,791			88,791	40 MO Amort	59,379	2,220
			<u>88,791</u>			<u>88,791</u>		<u>59,379</u>	<u>2,220</u>

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Federal Asset Report

FYE: 6/30/2018

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		7,400,269			7,392,969		5,466,744	393,517
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>7,400,269</u>			<u>7,392,969</u>		<u>5,466,744</u>	<u>393,517</u>