| Form | 990-T | | exempt Organization Business Income Tax Ret | urn | OMB No. 1545-0047 |
|---------------------|--|-----------|--|----------------|-------------------------------|
| | | For cal | endar year 2024 or other tax year beginning , and ending | · | 2024 |
| Departm Internal | Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3). | | | | |
| A | Check box if address changed. | | Name of organization (Check box if name changed and see instructions.) | D ^E | mployer identification number |
| | mpt under section | Print | EDUCATIONAL MEDIA FOUNDATION | | 94-2816342 |
| | 501(c)(3) 408(e) 220(e) | Type | Number, street, and room or suite no. If a P.O. box, see instructions. 5700 WEST OAKS BLVD. | | ee instructions) |
| | 408A530(a) 529(a)529A | | City or town, state or province, country, and ZIP or foreign postal code ROCKLIN, CA 95765 | F [| Check box if |
| | | С Во | ok value of all assets at end of year | L | an amended return. |
| G CI | neck organization | type | X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity | Stat | e college/university |
| H CI | neck if filing only to | o claim | Credit from Form 8941 Refund shown on Form 2439 Elective pa | ıyment am | nount from Form 3800 |
| I CI | neck if a 501(c)(3) | organiz | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | |
| | | | ed Schedules A (Form 990-T) | | 3 |
| | - | | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation | | Yes X No |
| L The Part | ne books are in car t I Total Unr | | MATT REYNOLDS Telephone number d Business Taxable Income | (916) | 251-1600 |
| 1 | Total of unrelated | d busine | ess taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 44,236. |
| 2 | Reserved | | | 2 | |
| 3 | Add lines 1 and 2 | 2 | | 3 | 44,236. |
| 4 | Charitable contrib | butions | (see instructions for limitation rules) STMT 1 STMT 2 | 4 | |
| 5 | | | taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 44,236. |
| 6 | Deduction for net | t operat | ing loss. See instructions STATEMENT 3 | 6 | 44,236. |
| 7 | Total of unrelated | d busine | ess taxable income before specific deduction and section 199A deduction. | | |
| | Subtract line 6 from | | | | |
| 8 | | | erally \$1,000, but see instructions for exceptions) | | 1,000. |
| 9 | | | eduction. See instructions | | 1 000 |
| 10 | | | ines 8 and 9 | | |
| 11 Part | | | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |
| | | | · · · · · · · · · · · · · · · · · · · | | 0. |
| 1 2 | | | as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | | _ | rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 | | | | | |
| 3 4a | Amount from For | m 1255 | ons i, Part I , line 3, column (q) | 4a | |
| b | | | instructions | | |
| 5 | | | instructions . | | , |
| 6 | Tax on noncome | oliant fa | acility income. See instructions | 6 | |
| 7 | | | gh 6 to line 1 or 2, whichever applies | | 0. |
| Parl | | | | | • |
| 1a | Foreign tax credit | t (corpo | rations attach Form 1118; trusts attach Form 1116)1a | | |
| b | Other credits (see | | | | |
| С | General business | credit. | Attach Form 3800 (see instructions) 1c | | |
| d | Credit for prior-ye | ear mini | mum tax (attach Form 8801 or 8827) | | |
| е | Total credits. Ac | dd lines | 1a through 1d | 1e |) |
| 2 | | | rt II, line 7 | 2 | 0. |
| 3a | Amount from For | m 4255 | , Part I, line 3, column (r) (see instructions) | | |
| b | Amount due from | Form | 3611 <u>3b</u> | | |
| С | Amount due from | Form | 3697 <u>3c</u> | | |
| d | Amount due from | | | | |
| е | Other amounts d | • | | | |
| f | | | lines 3a through 3e | 3f | 0. |
| 4 | | | d 3f (see instructions). | | |
| | section 1294. F | nter ta | x amount here | 4 | 0. |

Form **8868** (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| Cautio | n: If you are going to make an electronic funds withdrawal | (direct del | oit) with this Form 8868, see Form 84 | 453-TE and | d Form 8879-TE for | payment |
|---------------------------|--|--------------|--|---------------|-----------------------|-----------|
| instruct | ions. | | | | | |
| All corp | orations required to file an income tax return other than Fo | orm 990-T | (including 1120-C filers), partnership | s, REMICs | s, and trusts | |
| must u | se Form 7004 to request an extension of time to file income | e tax retur | ns. | | | |
| Part I - | Identification | | | | | |
| Type o | Name of exempt organization, employer, or other filer | , see instru | uctions. | Taxpayer | identification numb | er (TIN) |
| Print | | | | | | |
| | EDUCATIONAL MEDIA FOUNDATION | | | | 94-2816342 | |
| File by the due date t | | ee instruct | ions. | | | |
| filing your return. Se | | | | | | |
| instruction | | reign add | ress, see instructions. | | | |
| | ROCKLIN, CA 95765 | | | | | |
| Enter th | ne Return Code for the return that this application is for (file | e a separat | te application for each return) | | | . 07 |
| Applica | ation Is For | Return | Application Is For | | | Return |
| | | Code | | | | Code |
| Form 9 | 90 or Form 990-EZ | 01 | Form 4720 (other than individual) | | | 09 |
| Form 4 | 720 (individual) | 03 | Form 5227 | | | 10 |
| Form 9 | · | 04 | Form 6069 | | | 11 |
| | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | | | 12 |
| | 90-T (trust other than above) | 06 | Form 5330 (individual) | | | 13 |
| | 90-T (corporation) | 07 | Form 5330 (other than individual) | | | 14 |
| Form 1 | | 08 | Form 990-T (governmental entities) |) | | 15 |
| | you enter your Return Code, complete either Part II or Part | | | | extension of | |
| | file Form 5330. | C | , | , | | |
| | application is for an extension of time to file Form 5330, y | ou must e | nter the following information. | | | |
| _ | lan Name | | men and rene ming amountainem | | | |
| | lan Number | | | | | |
| | lan Year Ending (MM/DD/YYYY) | | | | | |
| | Automatic Extension of Time To File for Exempt Organi | izations (s | see instructions) | | | |
| | books are in the care of MATT REYNOLDS | izationo (c | not morateller, | | | |
| 1110 | 2000 REAMS FLEMING BLVD | FRANKI | IN, TN 37064 | | | |
| Tele | phone No. (916)251-1600 | | Fax No. | | | |
| | e organization does not have an office or place of business | in the Un | | | | |
| | s is for a Group Return, enter the organization's four-digit (| | | | | heck this |
| box | | - | | | | |
| | request an automatic 6-month extension of time until NO | | | | npt organization retu | |
| | ne organization named above. The extension is for the organization | | | S tillo oxoli | ipt organization rete | |
| X | | | Totalii Toti. | | | |
| | tax year beginning | 20 | and ending | | . , 20 |) |
| | | , | , and onding | | | ′—— |
| 2 lf | the tax year entered in line 1 is for less than 12 months, cl | neck reaso | on: Initial return | Final retur | n | |
| - r | Change in accounting period | icon reasc | milaretam | i iilai ictai | | |
| 3a li | this application is for Forms 990-PF, 990-T, 4720, or 6069 | enter the | tentative tax less | | | |
| | ny nonrefundable credits. See instructions. | , जारता साट | tornative tax, 1000 | За | \$ | 0. |
| _ | this application is for Forms 990-PF, 990-T, 4720, or 6069 | enter any | refundable credits and | Ja | <u> </u> | • |
| | stimated tax payments made. Include any prior year overp | • | | 3b | \$ | 0. |
| _ | alance due. Subtract line 3b from line 3a. Include your pa | | | 30 | | |
| | sing EFTPS (Electronic Federal Tax Payment System). See | | | 3с | \$ | 0. |
| | onig L o (Electronic i ederal rax i ayment bystem). Gee | | 110. | 00 | . ~ | |

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

Form 8868 (Rev. 1-2025)

| Form 99 | | | | | | | Page 2 |
|---------|--------|---|-------------------|--------------------|--------------|------------------------------------|--------|
| Part | III T | Tax and Payments (continued) | | | | | |
| 5 | Curre | nt net 965 tax liability paid from Form 965-A, Part II, column (k) | | | 5 | | 0. |
| 6 a | Paym | ents: Preceding year's overpayment credited to the current year | 6a | | | | |
| b | Curre | nt year's estimated tax payments. Check if section 643(g) election | | | | | |
| | | es | 6b | | | | |
| С | Tax d | eposited with Form 8868 | 6c | | | | |
| d | | gn organizations: Tax paid or withheld at source (see instructions) | | | | | |
| е | Backı | up withholding (see instructions) | 6e | | | | |
| f | | t for small employer health insurance premiums (attach Form 8941) | | | | | |
| g | Electi | ve payment election amount from Form 3800 | 6g | | | | |
| h | Paym | ent from Form 2439 | 6h | | | | |
| i | | t from Form 4136 | | | | | |
| j | Other | (see instructions) | 6j | | | | |
| 7 | Total | payments. Add lines 6a through 6j | | | 7 | | |
| 8 | Estim | ated tax penalty (see instructions). Check if Form 2220 is attached | | | 8 | | |
| 9 | | | | | 9 | | |
| 10 | | payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over | paid | | 10 | | |
| 11 | | the amount of line 10 you want: Credited to 2025 estimated tax | | Refunded | 11 | | |
| Part | | Statements Regarding Certain Activities and Other Informa | • | • | | | |
| 1 | | y time during the 2024 calendar year, did the organization have an interest in c | - | • | | Ye | s No |
| | | a financial account (bank, securities, or other) in a foreign country? If "Yes," the | - | • | | | |
| | FinCE | N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the | ne name of th | ne foreign country | | | |
| | here | | | | | | X |
| 2 | | g the tax year, did the organization receive a distribution from, or was it the gra | | | | | |
| | | n trust? | \ | | | | X |
| | | s," see instructions for other forms the organization may have to file. | | • | | | |
| 3 | | | | | | | |
| 4 | | available pre-2018 NOL carryovers here \$\frac{1,420,646.}{} Do no | - | = | • | | |
| _ | | n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by | - | = | | | |
| | | 2017 NOL carryovers. Enter the Business Activity Code and available post-201 | • | | | | |
| | the ar | mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo | | | | | |
| | | Business Activity Code | | ble post-2017 NOL | carryove | <u>-</u> | |
| | | | \$ | | | | |
| | | <u> </u> | \$ | | | | |
| | | | \$ | | | | |
| | Door | ved for future use | Ф | | | | |
| | | ved for future use | | | | | |
| Part ' | | Supplemental Information | | | | | |
| | | dditional information. See instructions. | | | | | |
| riovide | arry a | dultional information. See instructions. | | | | | |
| | | | | | | | |
| | Ur | nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and | | | dge and beli | ef, it is true, | |
| Sign | co | rrect, and complet DocuSigned by:) is based on all information of which pre | parer has any kno | | | | |
| Here | | 8/1/2025 CFO AND | TREASURER | | | iscuss this retu hown below (se | |
| | Si | ignature of offic 9281311B34B5494 ate Title | | _ | structions)? | | No |
| | | Print/Type preparer's name Preparer's signature | Date | Check i | | | |
| Paid | | | | self-employed | | | |
| Prepa | ror | TINA HENTON TINA HENTON | 07/31/25 | | P00 | 630282 | |
| Use O | | Firm's name CLIFTONLARSONALLEN LLP | | Firm's EIN | 41 | -0746749 | |
| 300 0 | y | 420 SOUTH ORANGE AVENUE, SUITE 900 | | | | | |
| | | Firm's address ORLANDO FL 32801 | | Phone no. 4 | 07-802- | 1200 | |

Form **990-T** (2024)

| FORM 990-T | CONTRIBUTIONS | STATEMENT 1 | |
|--------------------------------|------------------------------|-------------|--|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT | |
| NAB LEADERSHIP FOUNDATION | N/A | 14,100. | |
| AGAPE | N/A | 10,000. | |
| THE HOPE CENTER | N/A | 25,000. | |
| CONVOY OF HOPE | N/A | 500,000. | |
| OTHER CONTRIBUTIONS | N/A | 25. | |
| TOTAL TO FORM 990-T, PART I, L | INE 4 | 549,125. | |



| FORM 990-T CONT | RIBUTIONS SUMMARY | | STATEMENT 2 |
|--|-------------------|-----------------------------|-------------|
| QUALIFIED CONTRIBUTIONS SUBJECT | | | |
| CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022 FOR TAX YEAR 2023 | 496,098 43,950 | | |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBU | JTIONS | 540,048 549,125 | |
| TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS AI | OJUSTED | 1,089,173 | |
| EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS | | 1,089,173 0 1,089,173 | |
| ALLOWABLE CONTRIBUTIONS DEDUCT | ION | | 0 |
| TOTAL CONTRIBUTION DEDUCTION | -08× | | 0 |

| FORM 990-T | PRE 2018 NOL SCHEDULE | STATEMENT 3 |
|---|-----------------------------|-----------------------|
| PRE-2018 NOL CARRY FORWARD PRE-2018 NOL DEDUCTION INCLU | | 1,420,646. 44,236. |
| SCHEDULE A PORTION OF PRE-20 SCHEDULE A ENTITY | 018 NOL SCHEDULE A SHARE | |
| 1 | 0. | |
| 2 | 0. | |
| 3 | 0. | |
| TOTAL SCHEDULE A SHARE OF PR | RE-2018 NOL | 0. |
| NET OPERATING DEDUCTION | | 44,236. |
| BALANCE AFTER PRE-2018 NOL I | DEDUCTION | 0. |
| EXPIRING NET OPERATING LOSSE | ES | 0. |
| CARRY FORWARD OF NET OPERATI | ING LOSS | 1,376,410. |

| FORM 990-T | PRE-20 | 18 NET OPERATING | LOSS DEDUCTION | STATEMENT 4 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/04 | 39,492. | 39,492. | 0. | 0. |
| 12/31/05 | 147,447. | 147,447. | 0. | 0. |
| 12/31/06 | 138,501. | 138,501. | 0. | 0. |
| 12/31/07 | 513,627. | 513,627. | 0. | 0. |
| 12/31/08 | 555,458. | 74,676. | 480,782. | 480,782. |
| 12/31/09 | 459,893. | 0. | 459,893. | 459,893. |
| 12/31/10 | 406,241. | 0. | 406,241. | 406,241. |
| 12/31/11 | 73,730. | 0. | 73,730. | 73,730. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 1,420,646. | 1,420,646. |
| | | | | |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

| | | Go to www.irs.gov/Form990T for | r instru | ictions and the la | test info | rmation. | LULT |
|------------|---|--|----------|--------------------|--------------|--------------------|--|
| | Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) | | | | | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A | | | | | | B Employer identif | fication number |
| | | 52222 | | | | | 4 |
| <u>c</u> | Inrelated business a | activity code (see instructions) 532000 | | | | D Sequence: | 1 of 3 |
| E 0 | Describe the unrelate | ed trade or business RENTAL OF BROADCA | ST TO | WERS | | | |
| | | Trade or Business Income | | (A) Income | | (B) Expenses | (C) Net |
| | | | Т | . , | | . , . | |
| | Gross receipts or s | | ۱ | | | | |
| b | | owances c Balance | 1c | | | | |
| 2 | | d (Part III, line 8) | 2 | | _ | | |
| 3 | | ract line 2 from line 1c | 3 | | _ | | |
| 4 a | | come (attach Schedule D (Form 1041 or Form | ١. | | | | |
| | 1120)). See instruc | | 4a | | | | |
| | • , , , | rm 4797) (attach Form 4797). See instructions | 4b | | | | |
| | | ction for trusts | 4c | | | | |
| 5 | | a partnership or an S corporation (attach | | | | | |
| | | | 5 | 0.40 | 204 | 201 112 | 11.026 |
| 6 | | IV) | 6 | 248 | 384. | 204,148. | 44,236 |
| 7 | | anced income (Part V) | 7 | - 63 | -+ | | |
| 8 | , , | royalties, and rents from a controlled VI) | 8 | COX | | | |
| 9 | Investment income | e of section 501(c)(7), (9), or (17) | - 1 | >. | | | |
| | organizations (Parl | t VII) | 9 | J | | | |
| 10 | Exploited exempt | activity income (Part VIII) | 10 | | | | |
| 11 | Advertising income | e (Part IX) | 11 | | | | |
| 12 | Other income (see | instructions; attach statement) | 12 | | | | |
| 13 | Total. Combine lin | nes 3 through 12 | 13 | 248 | 384. | 204,148. | . 44,236 |
| Pai | directly co | ns Not Taken Elsewhere. See instruction in the inst | ncome | e | | | ons must be |
| 2 | | s | | | | I | |
| 3 | | enance | | | | | |
| 4 | Bad debts | | | | | 4 | |
| 5 | Interest (attach sta | atement). See instructions | | | | | |
| 6 | | s | | | | | |
| 7 | Depreciation (attac | ch Form 4562). See instructions | | | Ϊ | | |
| 8 | . , | claimed in Part III and elsewhere on return | | | | 8b | |
| 9 | | | | | | | |
| 10 | Contributions to d | eferred compensation plans | | | | 10 | |
| 11 | | programs | | | | | |
| 12 | | penses (Part VIII) | | | | | |
| 13 | | costs (Part IX) | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | 0 |
| 16 | | . Add lines 1 through 14 s income before net operating loss deduction. S | | | | | |
| 10 | column (C) | o moome before her operating loss decidetion. | Jubliac | t mio 10 nomi alt | i, iii ic 1c | ', | 44,236 |

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2024

0. 44,236.

Deduction for net operating loss. See instructions

| | ule A (Form 990-T) 2024 | | | | Page 2 |
|------|--|----------------------------|--------------------------|---------------|----------|
| Part | III Cost of Goods Sold Enter meth | nod of inventory valuati | on | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | 3 | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement) | | | 5 | |
| 6 | Total. Add lines 1 through 5 | | | 6 | |
| 7 | Inventory at end of year | | | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | nere and in Part I, line 2 | | 8 | |
| 9 | Do the rules of section 263A (with respect to property p | | | | Yes No |
| Part | IV Rent Income (From Real Property and | Personal Proper | ty Leased With R | eal Property) | |
| 1 | Description of property (property street address, city, st | | | uctions. | |
| | A BROADCAST TOWERS 5700 WEST OAKS BLV | D, ROCKLIN, CA | 95765 | | |
| | В | | | | |
| | c | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | 0. | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | 248,384. | | | |
| С | Total rents received or accrued by property. | | Pa | | |
| | Add lines 2a and 2b, columns A through D | 248,384. | 37. | | |
| | | G | | | |
| 3 | Total rents received or accrued. Add line 2c, columns A | through D. Enter here | and on Part I, line 6, c | olumn (A) | 248,384. |
| | Deductions directly connected with the income | 11/2 | | | |
| 4 | in lines 2a and 2b (attach statement) STMT 5 | 204,148. | | | |
| | | 70- | | | |
| 5 | Total deductions. Add line 4, columns A through D. Er | nter here and on Part I, | line 6, column (B) | | 204,148. |
| Part | | | | | |
| 1 | Description of debt-financed property (street address, c | ity, state, ZIP code). C | heck if a dual-use. See | instructions. | |
| | A | | | | |
| | В | | | | |
| | c | | | | |
| | D | | | - | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | |
| | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D). | Enter here and on Par | t I, line 7, column (A) | ····· | 0. |
| - | <u>,,, ,, , , , ,, ,, ,, , , , , , , , , </u> | Т | Т | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | Lan Dark III. To it | (D) | |
| 10 | Total allocable deductions. Add line 9, columns A thru | | | | 0. |
| 11 | Total dividends-received deductions included in line | 10 | | | ٠. |

Schedule A (Form 990-T) 2024 Page 3 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the identification connected with organization income (loss) payments made controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2)(3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A). line 8, column (B). Totals Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (B). line 9, column (A). Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete

Schedule A (Form 990-T) 2024

4

5

6

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

lines 5 through 7

4. Enter here and on Part II, line 12

5

6

| | ule A (Form 990-T) 2024 | | | | | Page | 3 4 |
|-------|--|---------------------------------------|--------------|----------------------|-----------------|--------------------|-----|
| Part | | | | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | g two or more peri | odicals on a | a consolidated basi | S. | | |
| | A | | | | | | |
| | В | | | | | | |
| | c 🗆 | | | | | | _ |
| | D | | | | | | _ |
| | - — | | | | | | — |
| Enter | amounts for each periodical listed above in the o | corresponding coll | | 1 | | | — |
| | | | Α | В | С | D | |
| 2 | Gross advertising income | · · · · · · · · · · · · · · · · · · · | | | | | |
| а | Add columns A through D. Enter here and on | Part I, line 11, colu | ımn (A) | | | | 0. |
| | | | | | | | |
| 3 | Direct advertising costs by periodical | | | | | | |
| а | Add columns A through D. Enter here and on | | ımn (B) | • | | • | 0. |
| | rida colamilo ri all'ough b. Emor nore ana on | 1 4, 1, 11, 10, 11, 00, 1 | (5) | | | | |
| 4 | Advantising using (loop). Coulting at line O from line | | | | | | — |
| 4 | Advertising gain (loss). Subtract line 3 from lin | e | | | | | |
| | 2. For any column in line 4 showing a gain, | | | | | | |
| | complete lines 5 through 8. For any column in | I | | | | | |
| | line 4 showing a loss or zero, do not complete | I | | | | | |
| | lines 5 through 7, and enter -0- on line 8 | | | | | | |
| 5 | Readership costs | | | | | | |
| 6 | Circulation income | I | | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is les | | | | | | |
| | than line 6, enter -0- | I | | | | | |
| 0 | | | | -1 | | | — |
| 8 | Excess readership costs allowed as a | _ | | 03 | | | |
| | deduction. For each column showing a gain o | I | 1 | ·OX | | | |
| | line 4, enter the lesser of line 4 or line 7 | | (| | | | |
| а | Add line 8, columns A through D. Enter the gr | eater of the line 8a | columns to | otal or -0- here and | on | | |
| _ | Part II, line 13 | | | | | | 0. |
| Part | X Compensation of Officers, Dir | ectors, and Tr | ustees | (see instructions) | | | |
| | | 10 | 300 | | 3. Percentage | 4. Compensation | |
| | 1. Name | - CN | 2. Title | | of time devoted | attributable to | |
| | | 1,5 | | | to business | unrelated business | |
| (1) | | (); | | | % | | _ |
| | | | | | % | | _ |
| (2) | | | | | | | — |
| (3) | + | | | | % | | — |
| (4) | | | | | % | | — |
| | | | | | | | |
| | Enter here and on Part II, line 1 | | | | | | 0. |
| Part | XI Supplemental Information (se | e instructions) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | — |
| | | | | | | | |
| | | | | | | | — |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |

| EDUCATIONAL | MEDTA | FOUNDATION |
|-------------|-------|------------|
| PDOCATIONAD | MEDIA | LOONDAITON |

| FORM 990-T (A) | DEDUCTIONS | CONNECTED | WITH RENTAL | INCOME | STATEMENT 5 |
|------------------|--------------|------------|--------------------|----------|-------------|
| DESCRIPTION | | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| RENTAL EXPENSES | | - SUBTOTAI | | 204,148. | 204,148. |
| TOTAL TO FORM 99 | 0-т, schedui | LE A, PART | IV, LINE 4 | | 204,148. |



64

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

| A N | Name of the organization EDUCATIONAL MEDIA FOUNDATION | | | | | B Employer identification number 94-2816342 | | |
|-------------|--|------|--------------------------|-------------------|-------------|---|--|--|
| <u> </u> | Inrelated business activity code (see instructions) 541800 | | | D Sequence | <u>.</u> 2 | of 3 | | |
| 0 | intelated business activity code (see instructions) | | | J D Sequence | | 01 5 | | |
| E [| escribe the unrelated trade or business RADIO ADVERTISING | | | | | | | |
| Pai | t I Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net | | |
| 1a | Gross receipts or sales | | | | | | | |
| b | Less returns and allowances c Balance | 1c | | | | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | | | |
| 4 a | Capital gain net income (attach Schedule D (Form 1041 or Form | | | | | | | |
| | 1120)). See instructions | 4a | | | | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | | | | | |
| С | Capital loss deduction for trusts | 4c | | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | | |
| | statement) | 5 | | | | | | |
| 6 | Rent income (Part IV) | 6 | | | | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | - W | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | -02° | | | | | |
| | organization (Part VI) | 8 | CY | | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | 1 | >. | | | | | |
| | organizations (Part VII) | 9 | 9 | | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | | | |
| 12 | Other income (see instructions; attach statement) STMT 6 | 12 | 111,949. | | | 111,949. | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 111,949. | | | 111,949. | | |
| | directly connected with the unrelated business in | come | | | | must be | | |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | | | |
| 2 | Salaries and wages | | | | 2 | | | |
| 3 | Repairs and maintenance | | | | 3 | | | |
| 4 | Bad debts | | | | 4 | | | |
| 5 | Interest (attach statement). See instructions | | | | 5 | | | |
| 6 | Taxes and licenses | | | | 6 | | | |
| 7 | Depreciation (attach Form 4562). See instructions | | | | - | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | • | | 8b | | | |
| 9 | Depletion | | | | 9 | | | |
| 10 | Contributions to deferred compensation plans | | | | 10 | | | |
| 11 | Employee benefit programs | | | | 11 | | | |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | | | |
| 13 | Excess readership costs (Part IX) | | сее спупемели | | 13 | 182,432. | | |
| 14 | Other deductions (attach statement) | | | | 14 | 182,432. | | |
| 15 | | | Line 45 from Dort Line 4 | | 15 | 102,432. | | |
| 16 | Unrelated business income before net operating loss deduction. S | | | | 40 | -70,483. | | |
| 47 | column (C) | | | | 16 | -70,483. | | |
| 17 10 | Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 19 | | | | 17 | -70,483. | | |
| 18 For D | | υ | | | | | | |
| - OF P | aperwork Reduction Act Notice, see instructions. | | | 3 | ciicaule | A (Form 990-T) 2024 | | |

| | ule A (Form 990-T) 2024 | | | | Page 2 |
|------|--|----------------------------|---------------------------|---------------|--------|
| Part | III Cost of Goods Sold Enter met | nod of inventory valuat | ion | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | Other costs (attach statement) | | | 5 | |
| 6 | Total. Add lines 1 through 5 | | | 6 | |
| 7 | Inventory at end of year | | | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | nere and in Part I, line 2 | 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property | | | | Yes No |
| Part | IV Rent Income (From Real Property and | Personal Proper | ty Leased With R | eal Property) | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Check | if a dual-use. See instru | uctions. | |
| | A | | | | |
| | В | | | | |
| | c | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| С | Total rents received or accrued by property. | | Pa | | |
| | Add lines 2a and 2b, columns A through D | | 37. | | |
| | | G | | | |
| 3 | Total rents received or accrued. Add line 2c, columns A | through D. Enter here | and on Part I, line 6, c | olumn (A) | 0. |
| | Deductions directly connected with the income | 112 | | | |
| 4 | in lines 2a and 2b (attach statement) | 5 | | | |
| | | 70. | | | |
| 5 | Total deductions. Add line 4, columns A through D. Er | nter here and on Part I, | line 6, column (B) | | 0. |
| Part | | | | | |
| 1 | Description of debt-financed property (street address, o | city, state, ZIP code). C | heck if a dual-use. See | instructions. | |
| | A | | | | |
| | B | | | | |
| | C | | | | |
| | D | | | | |
| _ | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | |
| _ | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| _ | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D) | . Enter here and on Pa | t I, line /, column (A) | | 0. |
| _ | Allocable deducation AA III I II I II I I | | Г | Ι | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | avala D. Fattantana | lan Dark Librar 7 and | (D) | 0. |
| 10 | Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line | | | | 0. |
| 11 | i otal alviacilas-received deductions included in line | 10 | | | ٠. |

Schedule A (Form 990-T) 2024 Page 3 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the identification connected with organization income (loss) payments made controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2)(3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A). line 8, column (B). Totals Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (B). line 9, column (A). Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete

Schedule A (Form 990-T) 2024

4

5

6

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

lines 5 through 7

4. Enter here and on Part II, line 12

5

6

| | lule A (Form 990-T) 2024 | | | | | Page |
|-----------|--|---------------------------|-------------------|----------------|-----------------|--------------------|
| Part | IX Advertising Income | | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | ng two or more period | icals on a conso | olidated basis | S. | |
| | A | | | | | |
| | В | | | | | |
| | c \square | | | | | |
| | D | | | | | |
| F4 | - — | | | | | |
| Enter | amounts for each periodical listed above in the | | | | | |
| | | A | | В | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here and or | n Part I, line 11, columi | n (A) | | | 0 |
| | | | | | | |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here and or | n Part I, line 11, columi | n (B) | | | 0 |
| | | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ne | | | | |
| | 2. For any column in line 4 showing a gain, | | | | | |
| | complete lines 5 through 8. For any column i | n l | | | | |
| | line 4 showing a loss or zero, do not complet | | | | | |
| | lines 5 through 7, and enter -0- on line 8 | | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | | |
| ′ | | | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is le | | | | | |
| _ | than line 6, enter -0- | | | 1 | | |
| 8 | Excess readership costs allowed as a | | - 6 | A | | |
| | deduction. For each column showing a gain | I | ~ 07 | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | | |
| а | Add line 8, columns A through D. Enter the g | reater of the line 8a co | olumns total or - | 0- here and c | on | |
| _ | Part II, line 13 | | <u> </u> | | | 0 |
| Part | X Compensation of Officers, Di | rectors, and Irus | tees (see ins | structions) | | |
| | | 70. | | | 3. Percentage | 4. Compensation |
| | 1. Name | ~ C) | 2. Title | | of time devoted | attributable to |
| | | 19 | | | to business | unrelated business |
| (1) | | | | | % | |
| (2) | | _ | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| <u> /</u> | | | | | | |
| Total | . Enter here and on Part II, line 1 | | | | | 0 |
| Part | , | oo instructions) | | | | |
| · are | Supplemental mornation (5) | ee mstructions) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EDUCATIONAL | MEDTZ | FOUNDATION |
|-------------|-------|------------|
| PDOCATIONAL | MEDIA | LOONDAITON |

| FORM 990-T (A) OTHER | INCOME STATEMENT 6 |
|---------------------------------------|------------------------|
| DESCRIPTION | AMOUNT |
| RADIO ADVERTISING | 111,949. |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | 111,949. |
| FORM 990-T (A) OTHER | DEDUCTIONS STATEMENT 7 |
| DESCRIPTION | AMOUNT |
| PODCASTING FEES | 182,432. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 182,432. |



SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

| Part Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income | A N | lame of the organization EDUCATIONAL MEDIA FOUNDATION | B Employer identification number 94-2816342 | | | | |
|--|------------|---|---|---------------------------|--------------|--------|-----------|
| Part Unrelated Trade or Business Income | <u>C</u> (| Inrelated business activity code (see instructions) 541519 | D Sequence: | D Sequence: 3 of 3 | | | |
| Part II Unrelated Trade or Business Income | Εſ | Describe the unrelated trade or business SOFTWARE DEVELOPMI | ENT | | | | |
| Decided Reserve | | | | (A) Income | (B) Expenses | | (C) Net |
| Decided Reserve | 12 | Gross receipts or sales 2 020. | | | | | |
| 2 Cost of goods sold (Part III, line 8) 2 171, 822. 3 3 Gross profit. Subtract line 2 from line 1c 3 1-169, 802169, 80 | | | 10 | 2 020 | | | |
| 3 Gross profit. Subtract line 2 from line 10 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Interest (attach statement). See instructions 1 Compensation of officers, directors, and trustees (Part X) 1 Interest (attach statement). See instructions 1 Compensation of officers, directors, and rustees (Part X) 1 Interest (attach statement). See instructions 1 Interest (attach statement). See instructions 1 Compensation of officers, directors, and rustees (Part X) 1 Interest (attach statement). See instructions 1 Compensation of officers, directors, and rustees (Part X) 1 Interest (attach statement). See instructions 1 Interest (attach statement). See instructions 1 Interest (attach statement). See instructions 2 Interest (attach statement). See instructions 3 Interest (attach statement). See instructions 3 Interest (attach statement). See instructions 4 Interest (attach statement). See instructions 5 Interest (attach statement). See instructions 1 Interest (attach statement). See instructions 1 Interest (attach statement). See instructions 2 Interest (attach statement). See instructions 3 Interest (attach statement). See instructions 4 | | | | , | | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts for capital loss deductions for trusts for capital loss deductions for trusts for capital loss deductions for | | | | , | | | -169 802. |
| 1120). See instructions 4a | | | | | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) | ти | | 4a | | | | |
| C Capital loss deduction for trusts 4c | h | | | | | | |
| Solution Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of of | | | H-122 | | | | |
| Statement | | | " | | | | |
| Rent income (Part IV) | | . , | 5 | | | | |
| To Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VI) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VI) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlled organization (Part VIII) Interest, annuities, royalties, and rents from a controlle organization (Part VIII) Interest, annuities, royalties, annuities, a | 6 | | | | | \neg | |
| 8 | | | 7 | | | | |
| organization (Part VI) Newstment income of section 501(c)(7), (9), or (17) organizations (Part VII) Ozyploited exempt activity income (Part VIII) Advertising income (Part IX) 11 | | | | 703 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 8 | CS | | | |
| organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 10 Exploited exempt activity income (Part VIII) 11 Exploited exempt activity income (Part VIII) 12 Other income (see instructions; attach statement) 12 12 13 Total. Combine lines 3 through 12 13 1-69,802169,802169,802. Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 | 9 | | | | | | |
| 10 Exploited exempt activity income (Part VII) 10 11 11 12 12 13 150 169 802 13 -169 ,802 -169 ,80 | | | 9 |) | | | |
| 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 1 -169,802. Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 4 Interest (attach statement). See instructions 5 Interest (attach statement). See instructions 6 Taxes and licenses 6 To Depreciation (attach Form 4562). See instructions 7 Depletion 9 | 10 | | 10 | | | | |
| 12 Total. Combine lines 3 through 12 13 -169,802. -169,802. | 11 | | _ | | | | |
| Total. Combine lines 3 through 12 | 12 | | | | | | |
| directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 6 Depreciation (attach Form 4562). See instructions 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | 13 | | 13 | -169,802. | | | -169,802. |
| 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 0 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -169,802. 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | directly connected with the unrelated business in | ncome | | | | nust be |
| 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 0. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -169,802. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| 4 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 0. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -169,802. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 0. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -169,802. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| Taxes and licenses To Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16 Column Incolumn Incol | - | | | | | | |
| 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 0. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -169,802. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| Less depreciation claimed in Part III and elsewhere on return 9 Depletion Contributions to deferred compensation plans 10 Employee benefit programs 11 Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions 10 11 12 13 14 15 0 16 -169,802 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802 | 7 | Parvaciation (attach Form 4560). See instructions | | 7 | ······ | - | |
| 9 Depletion 9 10 Contributions to deferred compensation plans 10 10 11 Employee benefit programs 11 1 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 Total deductions. Add lines 1 through 14 15 Our leated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | 0 | | | | | , h | |
| Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions In the deferminant of the deferminant of the defendance | | | | | | | |
| Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16 Unrelated business taxable income. Subtract line 17 from line 16 11 12 13 14 15 0. 16 -169,802. | | Contributions to deformed componentian plans | | | | | |
| Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16 12 13 14 15 0. 16 -169,802. | | | | | | | |
| Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16 13 14 15 0. 16 -169,802. 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16 14 15 0. 16 -169,802. 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line 16 15 0. 16 -169,802. 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss. See instructions 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | 0. |
| column (C) 16 -169,802. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | | | |
| Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -169,802. | | | | | I | 6 | -169.802. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 -169,802. | 17 | Deduction for net operating loss. See instructions | | | ······ | | 0. |
| | | | | | | | -169,802. |
| | | | | | | | |

| | ule A (Form 990-T) 2024 | | | | Page 2 |
|------|---|---------------------------|----------------------------|---------------|----------|
| Part | III Cost of Goods Sold Enter met | hod of inventory valua | tion N/A | | |
| 1 | Inventory at beginning of year | | | 1 | 0. |
| 2 | Purchases | | | 2 | 0. |
| 3 | Cost of labor | | | 3 | 0. |
| 4 | Additional section 263A costs (attach statement) | | | 4 | 0. |
| 5 | Other costs (attach statement) | | STATEMENT | 8 5 | 171,822. |
| 6 | Total. Add lines 1 through 5 | | | 6 | 171,822. |
| 7 | Inventory at end of year | | | 7 | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter | nere and in Part I, line | 2 | 8 | 171,822. |
| 9 | Do the rules of section 263A (with respect to property | | | | Yes X No |
| Part | IV Rent Income (From Real Property and | l Personal Prope | rty Leased With R | eal Property) | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Check | if a dual-use. See instr | uctions. | |
| | A | | | | |
| | В | | | | |
| | c | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| С | Total rents received or accrued by property. | | 4 | | |
| | Add lines 2a and 2b, columns A through D | / > | 10 s | | |
| | | (| M | | |
| 3 | Total rents received or accrued. Add line 2c, columns A | through D. Enter her | e and on Part I, line 6, c | olumn (A) | 0. |
| | Deductions directly connected with the income | 10 | | | |
| 4 | in lines 2a and 2b (attach statement) | | | | |
| | | 100 | | | |
| 5 | Total deductions. Add line 4, columns A through D. E | nter here and on Part I | , line 6, column (B) | | 0. |
| Part | V Unrelated Debt-Financed Income (s | ee instructions) | | | |
| 1 | Description of debt-financed property (street address, | city, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| | A | | | | |
| | В | | | | |
| | c | | | | |
| | D | <u> </u> | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | |
| | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D) | . Enter here and on Pa | rt I, line 7, column (A) | | 0. |
| | | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A thr | ough D. Enter here an | d on Part I, line 7, colur | nn (B) | 0. |
| 11 | Total dividends-received deductions included in line | 10 | | | 0. |

Schedule A (Form 990-T) 2024 Page 3 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the identification connected with organization income (loss) payments made controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2)(3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A). line 8, column (B). Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (B). line 9, column (A). Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4 Gross income from activity that is not unrelated business income

Schedule A (Form 990-T) 2024

5

6

5

6

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

4. Enter here and on Part II, line 12

| | ule A (Form 990-T) 2024 | | | | | Page |
|--------|--|----------------------|-----------|---------------------|-----------------|--------------------|
| Part | IX Advertising Income | | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting to | wo or more perio | dicals on | a consolidated basi | s. | |
| | A | | | | | |
| | В | | | | | |
| | с | | | | | |
| | D | | | | | |
| Entor | amounts for each periodical listed above in the con | roop anding calur | nn | | | |
| LIILEI | amounts for each periodical listed above in the con | | | | | |
| _ | | | Α | В | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here and on Par | rt I, line 11, colur | nn (A) | | | 0 |
| | | | | | | |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here and on Par | rt I, line 11, colur | nn (B) | | | 0. |
| | | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from line | | | | | |
| | 2. For any column in line 4 showing a gain, | | | | | |
| | complete lines 5 through 8. For any column in | | | | | |
| | line 4 showing a loss or zero, do not complete | | | | | |
| | lines 5 through 7, and enter -0- on line 8 | | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | | |
| • | line 5, subtract line 6 from line 5. If line 5 is less | | | | | |
| | | | | | | |
| 0 | than line 6, enter -0- | | | -1 | | |
| 8 | Excess readership costs allowed as a | | | 03 | | |
| | deduction. For each column showing a gain on | | 1 | · 02 | | |
| | line 4, enter the lesser of line 4 or line 7 | | - | J | | |
| а | Add line 8, columns A through D. Enter the great | | -3/2 | | | |
| David | Part II, line 13 | town and Tw | | | | 0 |
| Part | X Compensation of Officers, Direc | tors, and Tru | stees | (see instructions) | T | |
| | | 70 | | | 3. Percentage | 4. Compensation |
| | 1. Name | . 20. | 2. Title | | of time devoted | attributable to |
| | | 7/2 | | | to business | unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| | | | | | | |
| Total | Enter here and on Part II, line 1 | | | | | 0 |
| Part | XI Supplemental Information (see in | nstructions) | | | | |
| | | , | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EDUCATIONAL | MEDTZ | FOUNDATION |
|-------------|-------|------------|
| PDOCATIONAL | MEDIA | LOONDAITON |

| FORM 990-T (A) | COST OF | GOODS | SOLD - | - OTHER | COSTS | STATEMENT 8 |
|-----------------------|------------|--------|--------|---------|-------|-------------|
| DESCRIPTION | | | | | | AMOUNT |
| BANDWIDTH AND HOSTING | FEES | | | | | 171,822. |
| TOTAL TO FORM 990-T, | SCHEDULE 2 | A, LIN | E 5 | | | 171,822. |



Department of the Treasury Internal Revenue Service

Asset Acquisition Statement

Under Section 1060

Attach to your income tax return.

OMB No. 1545-0074

Attachment Sequence No. 169

► Go to www.irs.gov/form8594 for instructions and the latest information. Identifying number as shown on return Name as shown on return EDUCATIONAL MEDIA FOUNDATION 94-2816342 Check the box that identifies you: X Purchaser Seller **General Information** Part I 1 Name of other party to the transaction Other party's identifying number FLINN BROADCASTING CORP 62-1317690 Address (number, street, and room or suite no.) 6080 MT MORIAH EXT City or town, state, and ZIP code MEMPHIS, TN 38115 2 Date of sale 3 Total sales price (consideration) 03/21/24 575,000. Original Statement of Assets Transferred Part II Assets Aggregate fair market value (actual amount for Class I) Allocation of sales price Class I <u>Class</u> II <u>Cla</u>ss III Class IV 55,376. 55,376. Class V 519,624 519,624. Class VI and VII 575,000. 575,000. 5 Did the purchaser and seller provide for an allocation of the sales price in the sales contract or in another written document signed by both parties? If "Yes," are the aggregate fair market values (FMV) listed for each of asset Classes I, II, III, IV, V, VI, and VII the amounts agreed upon in your sales contract or in a separate written document? 6 In the purchase of the group of assets (or stock), did the purchaser also purchase a license or a covenant not to compete, or enter into a lease agreement, employment contract, management contract, or similar arrangement with the seller (or managers, directors, owners, or employees of the seller)? If "Yes," attach a statement that specifies (a) the type of agreement and (b) the maximum amount of consideration (not including interest) paid or to be paid under the agreement. See instructions. STATION LEASE - MAX CONSIDERATION: \$1,265,724.

Form 8594 (Rev. 11-2021) Page **2**

Part III Supplemental Statement - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

| 8 Assets | Allocation of sales price as previously reported | Increase or (decrease) | Redetermined allocation of sales price |
|-------------------|--|------------------------------|--|
| | | | |
| Class I | \$ | \$ | \$ |
| | | | |
| Class II | \$ | \$ | \$ |
| Noo III | . | \$ | · · |
| Class III | \$ | Φ | \$ |
| Class IV | \$ | \$ | \$ |
| | | | |
| Class V | \$ | \$ | \$ |
| Nana VII and VIII | | ф. | |
| Class VI and VII | \$ | \$ | \$ |
| Total | \$ | | \$ |
| | | | - · |
| 9 Reason(s) for | increase or decrease. Attach additional sheets if mo | re space is needed. | |
| | | | |
| | | | |
| | | -1 | |
| | | 10. | |
| | | CO84 | |
| | | COON | |
| | | "6 COBA | |
| | | Sile Coby | |
| | | 402716 COBY | |
| | | sciosure copy | |
| | | ische Goby | |
| | | Scioznic Coby | |
| | | Jescio Sure Copy | |
| | | Pischo _{shi} e Coby | |
| | | Jeschosme Coby | |
| | | Jescio Sure Cory | |
| | | 1500 July COBY | |

Form **8594** (Rev. 11-2021)

Department of the Treasury

Asset Acquisition Statement Under Section 1060

Attach to your income tax return.

OMB No. 1545-0074

Attachment Sequence No. 169

| Internal Revenue Serv | vice | ► Go to www.irs.gov/form8594 for in | nstruc | tions and the latest informatio | n. | ocquerioe ive | | |
|--|--|--|---------------|---------------------------------|-----------------------|------------------------------------|----------|--|
| Name as shown on return | | | | Identifying number | as shown on | return | | |
| EDUCATIONA | L MEDIA | FOUNDATION | 94-2816342 | | | | | |
| Check the box | er | Seller | | | | | | |
| Part I Ge | eneral In | formation | | | | | | |
| 1 Name of other | r party to the | e transaction | | | Other party's identi | fying number | | |
| SALEM COMMUN | NICATION | S HOLDING CORP | | | 77-0439370 | | | |
| 4880 SANTA F | ROSA RD | and room or suite no.) | | | | | | |
| City or town, s | | P code | | | | | | |
| 2 Date of sale 06/26/24 | | | | | 3 Total sales price | e (consideration 5 , 6 4 2 , 0 0 0 | | |
| | iginal St | atement of Assets Transferred | | | | 3,042,000 | <u>,</u> | |
| | | | | | | | | |
| 4 Assets | | Aggregate fair market value (actual amount for Class I) | | Alloc | cation of sales price | | | |
| Class I | \$ | | | \$ | | | | |
| Class II | \$ | | | \$ | | | | |
| Class III | \$ | | C | \$ | | | | |
| Class IV | \$ | | ુ | \$ | | | | |
| Class V | \$ | 617,110. | | \$ 617,13 | 10. | | | |
| Class VI and VII | \$ | 5,024,890. | | \$ 5,024,89 | 90. | | | |
| Total | \$ | 5,642,000. | | \$ 5,642,00 | 00. | | | |
| signed by both | h parties? e aggregate | er provide for an allocation of the sales price in the sales cor fair market values (FMV) listed for each of asset Classes I, II ct or in a separate written document? | I, III, I | | greed | Yes Yes | X No | |
| not to compet arrangement v If "Yes," attach | In the purchase of the group of assets (or stock), did the purchaser also purchase a license or a covenant not to compete, or enter into a lease agreement, employment contract, management contract, or similar arrangement with the seller (or managers, directors, owners, or employees of the seller)? If "Yes," attach a statement that specifies (a) the type of agreement and (b) the maximum amount of consideration (not including interest) paid or to be paid under the agreement. See instructions. | | | | | | | |
| WAIV-AUXILLA | ARY SITE | LEASE - MAX CONSIDERATION: \$150,701. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form 8594 (Rev. 11-2021) Page **2**

Part III Supplemental Statement - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

| 8 Assets | Allocation of sales price as previously reported | Increase or (decrease) | Redetermined allocation of sales price | | | | | | |
|-------------------|--|------------------------|--|--|--|--|--|--|--|
| | | | · | | | | | | |
| Class I | \$ | \$ | \$ | | | | | | |
| | | | | | | | | | |
| Class II | \$ | \$ | \$ | | | | | | |
| Noo III | ф. | \$ | · | | | | | | |
| Class III | \$ | ф | \$ | | | | | | |
| Class IV | \$ | \$ | \$ | | | | | | |
| | | | | | | | | | |
| Class V | \$ | \$ | \$ | | | | | | |
| Nana VII and VIII | Φ. | Φ. | 0 | | | | | | |
| Class VI and VII | \$ | \$ | \$ | | | | | | |
| Total | \$ | | \$ | | | | | | |
| | | | • | | | | | | |
| 9 Reason(s) for | increase or decrease. Attach additional sheets if mo | re space is needed. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | -1 | | | | | | | |
| | | to | | | | | | | |
| | | CO87 | | | | | | | |
| | | COGY | | | | | | | |
| | | "s Coby | | | | | | | |
| | | ene coby | | | | | | | |
| | | 402 Nie COBY | | | | | | | |
| | | Sclozine Coby | | | | | | | |
| | | isciosite coby | | | | | | | |
| | | Jestoshie Coby | | | | | | | |
| | | Jestosure Copy | | | | | | | |
| | | iscoente coby | | | | | | | |
| | | Jeclosure Coby | | | | | | | |
| | | Jescios III.e | | | | | | | |
| | | Jescho Shile Coley | | | | | | | |

Form **8594** (Rev. 11-2021)

Department of the Treasury Internal Revenue Service

Asset Acquisition Statement Under Section 1060

Attach to your income tax return.

► Go to www.irs.gov/form8594 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 169

| Name as shown or | n return | Identifying number as shown on return | | |
|---|--|---------------------------------------|-------------------------------------|--|
| EDUCATIONAL | L MEDIA FOUNDATION | 94-2816342 | | |
| Check the box | that identifies you: | | | |
| X Purchase | er Seller neral Information | | | |
| | | | Other mark to ideatif in a number | |
| i Name of other | party to the transaction | | Other party's identifying number | |
| SALEM MEDIA | OF HAWAII | | 91-1973005 | |
| Address (numb 4880 SANTA R | ber, street, and room or suite no.) OSA RD | | | |
| City or town, s | tate, and ZIP code A 93012 | | | |
| 2 Date of sale | | | 3 Total sales price (consideration) | |
| 06/26/24 | ginal Statement of Assets Transferred | | 581,000. | |
| Part II On | ginal Statement of Assets Transferred | | | |
| 4 Assets | Aggregate fair market value (actual amount for Class I) | Alloc | cation of sales price | |
| Class I | \$ | \$ | | |
| Class II | \$ | \$ | | |
| Class III | \$ | \$ | | |
| | .01 | | | |
| Class IV | \$ | \$ | | |
| Class V | \$ 41,000. | \$ 41,00 | 00. | |
| Class VI and VII | \$ 540,000. | \$ 540,00 | 00. | |
| Total | \$ 581,000. | \$ 581,00 | 0.0 | |
| 5 Did the purcha signed by both If "Yes," are the | ser and seller provide for an allocation of the sales price in the sales contract parties? e aggregate fair market values (FMV) listed for each of asset Classes I, II, III, I ales contract or in a separate written document? | or in another written document | Yes X No | |
| not to compete arrangement w If "Yes," attach | e of the group of assets (or stock), did the purchaser also purchase a license e, or enter into a lease agreement, employment contract, management contract vith the seller (or managers, directors, owners, or employees of the seller)? a statement that specifies (a) the type of agreement and (b) the maximum are the agreement. See instructions. | et, or similar | | |
| SUBLICENSE S | TATION LEASE - MAX CONSIDERATION \$1,930,131. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Form 8594 (Rev. 11-2021) Page **2**

Part III Supplemental Statement - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

| 8 Assets | Allocation of sales price as previously reported | Increase or (decrease) | Redetermined allocation of sales price | | | | | | |
|-------------------|--|------------------------|--|--|--|--|--|--|--|
| | | | · | | | | | | |
| Class I | \$ | \$ | \$ | | | | | | |
| | | | | | | | | | |
| Class II | \$ | \$ | \$ | | | | | | |
| Noo III | ф. | \$ | · | | | | | | |
| Class III | \$ | ф | \$ | | | | | | |
| Class IV | \$ | \$ | \$ | | | | | | |
| | | | | | | | | | |
| Class V | \$ | \$ | \$ | | | | | | |
| Nana VII and VIII | Φ. | Φ. | 0 | | | | | | |
| Class VI and VII | \$ | \$ | \$ | | | | | | |
| Total | \$ | | \$ | | | | | | |
| | | | • | | | | | | |
| 9 Reason(s) for | increase or decrease. Attach additional sheets if mo | re space is needed. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | -1 | | | | | | | |
| | | to | | | | | | | |
| | | CO87 | | | | | | | |
| | | COGY | | | | | | | |
| | | "s Coby | | | | | | | |
| | | ene coby | | | | | | | |
| | | 402 Nie COBY | | | | | | | |
| | | Sclozine Coby | | | | | | | |
| | | isciosite coby | | | | | | | |
| | | Jestoshie Coby | | | | | | | |
| | | Jestosure Copy | | | | | | | |
| | | iscoente coby | | | | | | | |
| | | Jeclosure Coby | | | | | | | |
| | | Jescios III.e | | | | | | | |
| | | Jescho Shile Coley | | | | | | | |

Form **8594** (Rev. 11-2021)

Department of the Treasury Internal Revenue Service

Asset Acquisition Statement

Under Section 1060

Attach to your income tax return.

OMB No. 1545-0074

Attachment Sequence No. 169

► Go to www.irs.gov/form8594 for instructions and the latest information. Identifying number as shown on return Name as shown on return EDUCATIONAL MEDIA FOUNDATION 94-2816342 Check the box that identifies you: X Purchaser Seller **General Information** Part I 1 Name of other party to the transaction Other party's identifying number REACH SATELLITE NETWORK, INC 62-1499223 Address (number, street, and room or suite no.) 4880 SANTA ROSA RD City or town, state, and ZIP code CAMARILLO, CA 93012 Date of sale 3 Total sales price (consideration) 06/26/24 777,000. Original Statement of Assets Transferred Part II Assets Aggregate fair market value (actual amount for Class I) Allocation of sales price Class I <u>Class</u> II <u>Cla</u>ss III Class IV 261,521, Class V 261,521. 515,479, 515,479. Class VI and VII 777,000. 777,000. 5 Did the purchaser and seller provide for an allocation of the sales price in the sales contract or in another written document signed by both parties? If "Yes," are the aggregate fair market values (FMV) listed for each of asset Classes I, II, III, IV, V, VI, and VII the amounts agreed upon in your sales contract or in a separate written document? 6 In the purchase of the group of assets (or stock), did the purchaser also purchase a license or a covenant not to compete, or enter into a lease agreement, employment contract, management contract, or similar arrangement with the seller (or managers, directors, owners, or employees of the seller)? X No If "Yes," attach a statement that specifies (a) the type of agreement and (b) the maximum amount of consideration (not including interest) paid or to be paid under the agreement. See instructions.

Form 8594 (Rev. 11-2021) Page **2**

Part III Supplemental Statement - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

| 8 Assets | Allocation of sales price as previously reported | Increase or (decrease) | Redetermined allocation of sales price | | | | | | |
|-------------------|--|------------------------|--|--|--|--|--|--|--|
| | | | · | | | | | | |
| Class I | \$ | \$ | \$ | | | | | | |
| | | | | | | | | | |
| Class II | \$ | \$ | \$ | | | | | | |
| Noo III | ф. | \$ | · | | | | | | |
| Class III | \$ | ф | \$ | | | | | | |
| Class IV | \$ | \$ | \$ | | | | | | |
| | | | | | | | | | |
| Class V | \$ | \$ | \$ | | | | | | |
| Nana VII and VIII | Φ. | Φ. | 0 | | | | | | |
| Class VI and VII | \$ | \$ | \$ | | | | | | |
| Total | \$ | | \$ | | | | | | |
| | | | • | | | | | | |
| 9 Reason(s) for | increase or decrease. Attach additional sheets if mo | re space is needed. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | -1 | | | | | | | |
| | | to | | | | | | | |
| | | CO87 | | | | | | | |
| | | COGY | | | | | | | |
| | | "s Coby | | | | | | | |
| | | ene coby | | | | | | | |
| | | 402716 COBY | | | | | | | |
| | | Sclozine Coby | | | | | | | |
| | | isciosite coby | | | | | | | |
| | | Jestoshie Coby | | | | | | | |
| | | Jestosure Copy | | | | | | | |
| | | iscoente coby | | | | | | | |
| | | Jeclosure Coby | | | | | | | |
| | | Jescios III.e | | | | | | | |
| | | Jescho Shile Coley | | | | | | | |

Form **8594** (Rev. 11-2021)

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

| 160,681,604. 7,250,551. 930,66 |
|--|
| 2,393,141. 570,679. 314,46 |
| 129,142,528. 86,601,533. 9,776,16 |
| 32,455,000. 14,284,907. 1,591,46 |
| 0. 324,672,273. 108,707,670. 12,612,76 |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

| Asset No. | Description | D: Acq | ate uired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|--------------|--------------------------|--------------|--------------|--------|-------------|-----------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|
| 2 | BUILDINGS | VAR | IES | SL | 39.00 | 160,681,604. | | 160,681,604. | 8,181,219. | 4,120,041. |
| 3 | LEASEHOLD IMPROVEMENTS | VAR | IES IES | SL | 15.00 | 2,393,141. | | 2,393,141. | 885,147. | 159,543. |
| 4 | EQUIPMENT | VAR | IES | SL | 7.00 | 129,142,528. | | 129,142,528. | | 18,448,933. |
| 5 | OTHER | VAR | IES | SL | 7.00 | 32,455,000. | | 32,455,000. | 15,876,376. | 4,636,429. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | 324,672,273. | | | 121,320,439. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | \checkmark | 0 | | | | | | | |
| | | | 3 | | | | | | | |
| | | | 1/1 | | | | | | | |
| | | | | S | | | | | | |
| | | | | 4/2 | | | | | | |
| | | | | | | | | | | |
| | | | | | C_{\perp} | | | | | |
| | | | | | | | | | | |
| | | | | | 10 | ~ | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone