

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ 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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EDUCATIONAL MEDIA FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 5700 WEST OAKS BLVD.</p> <p>City or town, state or province, country, and ZIP or foreign postal code ROCKLIN, CA 95765</p>	<p>D Employer identification number (Employees' trust, see instructions.) 94-2816342</p> <p>E Unrelated business activity code (See instructions.) 515100</p>
<p>C Book value of all assets at end of year 664,951,993.</p>		<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DAVID ATKINSON** Telephone number ▶ **916-251-1600**

	(A) Income	(B) Expenses	(C) Net
Part I Unrelated Trade or Business Income			
1a Gross receipts or sales			
b Less returns and allowances			
c Balance			1c
2 Cost of goods sold (Schedule A, line 7)			2
3 Gross profit. Subtract line 2 from line 1c			3
4a Capital gain net income (attach Schedule D)			4a
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b
c Capital loss deduction for trusts			4c
5 Income (loss) from a partnership or an S corporation (attach statement)			5
6 Rent income (Schedule C)	302,160.	291,877.	10,283.
7 Unrelated debt-financed income (Schedule E)			7
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9
10 Exploited exempt activity income (Schedule I)			10
11 Advertising income (Schedule J)			11
12 Other income (See instructions; attach schedule) STATEMENT 2	18,522.		18,522.
13 Total. Combine lines 3 through 12	320,682.	291,877.	28,805.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages		15
16 Repairs and maintenance		16
17 Bad debts		17
18 Interest (attach schedule) (see instructions)		18
19 Taxes and licenses		19
20 Charitable contributions (See instructions for limitation rules)		20
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule) SEE STATEMENT 3		11,140.
29 Total deductions. Add lines 14 through 28		11,140.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		17,665.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
32 Unrelated business taxable income. Subtract line 31 from line 30		17,665.

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 17,665; 34 Amounts paid for disallowed fringes 5,526; 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4 23,191; 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34; 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 1,000; 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 0; 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041); 41 Proxy tax. See instructions; 42 Alternative minimum tax (trusts only); 43 Tax on Noncompliant Facility Income. See instructions; 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); 45b Other credits (see instructions); 45c General business credit. Attach Form 3800; 45d Credit for prior year minimum tax (attach Form 8801 or 8827); 45e Total credits. Add lines 45a through 45d; 46 Subtract line 45e from line 44; 47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule); 48 Total tax. Add lines 46 and 47 (see instructions); 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2; 50a Payments: A 2017 overpayment credited to 2018; 50b 2018 estimated tax payments; 50c Tax deposited with Form 8868; 50d Foreign organizations: Tax paid or withheld at source (see instructions); 50e Backup withholding (see instructions); 50f Credit for small employer health insurance premiums (attach Form 9941); 50g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total; 51 Total payments. Add lines 50a through 50g; 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached; 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed; 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid; 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include: 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here FRANCE X; 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. X; 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ALAN MASON Date Title PRESIDENT May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name WILLIAM E. PETERSON Preparer's signature WILLIAM E. PETERSON Date 06/26/19 Check [] if self-employed PTIN P00273088 Firm's name KCOE ISOM, LLP Firm's EIN 48-0567703 Firm's address 3013 CERES AVENUE CHICO, CA 95973 Phone no. (530) 891-6474

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3				Yes No	
4a	Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) BROADCAST TOWERS

(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 5
(a) 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)	
(1)	302,160.	291,877.
(2)		
(3)		
(4)		
Total	0.	Total 302,160.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **302,160.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **291,877.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	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 schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
		0.	0.		0.

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		0.	0.			0.
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Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. EDUCATIONAL MEDIA FOUNDATION	Employer identification number (EIN) or 94-2816342
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5700 WEST OAKS BLVD.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKLIN, CA 95765	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

DAVID ATKINSON

- The books are in the care of ▶ **5700 WEST OAKS BLVD - ROCKLIN, CA 95765**
Telephone No. ▶ **916-251-1600** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

RENTAL OF BROADCAST TOWERS
REFERRAL FEES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
REFERRAL FEES/MERCHANDISE		18,522.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		18,522.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
MERCHANDISE		8,597.
SALES SPACE FEES		2,543.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		11,140.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01	97,428.	97,428.	0.	0.
12/31/02	180,915.	180,915.	0.	0.
12/31/03	52,938.	30,467.	22,471.	22,471.
12/31/04	39,492.	0.	39,492.	39,492.
12/31/05	147,447.	0.	147,447.	147,447.
12/31/06	138,501.	0.	138,501.	138,501.
12/31/07	513,627.	0.	513,627.	513,627.
12/31/08	555,458.	0.	555,458.	555,458.
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 CARRYOVER AVAILABLE THIS YEAR			2,356,860.	2,356,860.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		291,877.	
- SUBTOTAL -	1		291,877.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			291,877.