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PUBLIC INSPECTION COPY

### EXTENDED TO FEBRUARY 16, 2016

# Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/torm990.									
A F	or the	2014 calend	lar year, or tax year beginning J	$\overline{\mathrm{UL}}$ $\overline{\mathrm{1}}$ , $\overline{\mathrm{2014}}$ and		JŬN 30, 2015			
Вс	heck if pplicable	Dugn	f organization IANDOAH VALLEY EDUC	ATIONAL TELEVIS	ION	D Employer identifi	cation number		
	Addres	S CORE	_			w.			
	]Name _change	Doing b	usiness as			54-0	785147		
	]Initial return ]Final return/		rand street (or P.O. box if mail is not del MARTIN LUTHER KING		Room/suite		345-9878		
	termin- ated		own, state or province, country, and			G Gross receipts \$	38,046,380.		
X	Ameno		ISONBURG, VA 2280			H(a) Is this a group re	etum		
	Yes X No								
T	ax-exe	empt status:	X 501(c)(3) 501(c)( )	(insert no.) 4947(a)(1)	or 52`	7 If "No," attach a	list. (see instructions)		
			WVPT.NET			H(c) Group exemption			
		organization:	X Corporation Trust As	sociation Other	L Year	r of fo <u>rmation:</u> 1968 r	🖊 State of legal domicile: VA		
Pa		Summary							
ю _	1	Briefly descrit	oe the organization's mission or most	significant activities: WE S	ERVE '	THE PUBLIC B	Y ACTIVE		
Activities & Governance		COMMUNI	TY ENGAGEMENT AND	PROVIDING TRUST	ED AN	D VALUED SER	VICES AND		
rus	2	Check this bo	ox 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of mo	re than 25% of its net a			
ove	3	Number of vo	ting members of the governing body	(Part VI, line 1a)		3	11		
S.	4	Number of inc	dependent voting members of the go	verning body (Part VI, line 1b)		4	11		
se {	5	Total number	of individuals employed in calendary	/ear 2014 (Part V, line 2a)		5	17		
viti	6	Total number	of volunteers (estimate if necessary)			6	0		
cti			d business revenue from Part VIII, co				100,627.		
٩			business taxable income from Form				57,575.		
-						Prior Year	Current Year		
ď١	8	Contributions	and grants (Part VIII, line 1h)		2,273,189.	1,776,593.			
ğ				I	443,038.	434,571.			
Revenue		J	come (Part VIII, column (A), lines 3, 4			427,150.	104,504.		
ď			e (Part VIII, column (A), lines 5, 6d, 8d			149,964.	146,008.		
			- add lines 8 through 11 (must equal		3,293,341.	2,461,676.			
_			milar amounts paid (Part IX, column (			0.	0.		
			to or for members (Part IX, column (A			0.	0.		
w			r compensation, employee benefits (			720,023.	842,476.		
Expenses			fundraising fees (Part IX, column (A),			60,612.	0.		
per	h	Total fundrais	sing expenses (Part IX, column (D), lin	6.25) ▶ 579.3	29.				
Щ			es (Part IX, column (A), lines 11a-11d			1,936,761.	2,142,669.		
			es. Add lines 13-17 (must equal Part I			2,717,396.	2,985,145.		
	1		expenses. Subtract line 18 from line			575,945.			
es es		1107011001000	ONDOTICOS. CUBLICACE ME TO HOM MIC	· · · · · · · · · · · · · · · · · · ·		Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (	Part X, line 16)			12,208,644.	11,201,948.		
Assi	l		s (Part X, line 26)		·····	8,893,081.	8,449,314.		
Net in			fund balances. Subtract line 21 from	line 20		3,315,563.	2,752,634.		
	irt II	Signatur		1110 20		<u></u>	<u></u>		
			I declare that I have examined this return,	including accompanying schedule	s and stater	ments, and to the best of m	ny knowledge and belief, it is		
			e. Declaration of preparer (other than office						
,	001100	<b>k</b>	s Book and s proparor (extremely man extre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Sigi	<b>1</b>	Signatur	e of officer	-		Date			
Here TONY MANCARI, OFFICER									
1161	Type or print name and title								
		Print/Type pre		Preparer's signature		Date Check	X   PTIN		
Paid	l		NUMPHRIES	1 Toparor 3 Signaturo		if -	m00169667		
	arer	Firm's name	▶ PBMARES, LLP	<u> </u>		self-employ	$\frac{54-0737372}{54-0737372}$		
	Only		5 558 SOUTH MAIN S	<u> ТРЕЕТ</u>		THITTSEIN	<u> </u>		
Oat	omy	riim s addres	HARRISONBURG, VA			Phone no. 5 4	0 434-5975		
N.J.	ماد،	C dias 11:				1,110116.110.7			
			is return with the preparer shown abo		one		X Yes No Form 990 (2014)		
4320	01 11-0	17-14 LHA	For Paperwork Reduction Act Notice	se, see me separate instructi	UIIS.		FOITH 330 (2014)		

432002 11-07-14

(Expenses \$

SEE SCHEDULE O FOR CONTINUATION(S)

1,860,996.

) (Revenue \$

Total program service expenses

Form 990 (2014) CORP .
Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	78489A	<u>X</u> ,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-10186901	38600	
a		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11</b> e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41.		Х
4 22	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
, ,	1c and 8a? If "Yes," complete Schedule G, Part II	<b>1</b> 8	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>2</b> 0a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		an area area.
			000	

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CORP.

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Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **28**a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х **28**c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 \_\_\_\_\_ Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Form 990 (2014)

Form	990 (2014) CORP •	54-0785	147	Р	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	- Marie - 1882 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (199 - Marie - 1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (19			and the management
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   19	- 3, 5, 5, 5	186134	3000
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	eportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<sub>2a</sub>   17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		188810		13 14 93 13 2 3 3
За			За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	,	1663		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to				
			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			3100423
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	<b>7</b> e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
<b>1</b> 0	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	·	1 1			
	organization is licensed to issue qualified health plans.	13b			
С	Enter the amount of reserves on hand	13c			1881.8
14a	- · · · · · · · · · · · · · · · · · · ·		14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	<i>le</i> O	14b		<u></u>
			Forn	1990	(2014)

Form 990 (2014) CORP •

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

produce and the			,		X
Sec	tion A. Governing Body and Management				
				Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>l 1</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing		ATNE		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	L1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
_	officer, director, trustee, or key employee?		2	Margina da a a	Х
3	Did the organization delegate control over management duties customarily performed by or under the		·		
3			3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?		. —		X
4	Did the organization make any significant changes to its governing documents since the prior Form		• —	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?		<u>°</u>	-	
<b>7</b> a	Did the organization have members, stockholders, or other persons who had the power to elect or a		_		v
	more members of the governing body?		<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		<b>10</b> a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c		10a		$\vdash$
b	• • • • • • • • • • • • • • • • • • • •		10b	х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X	<del></del> -
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filling the form	? 11a	<b>1</b> 2	23 Sin 10 Fi
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100000	v	1555/515
<b>12</b> a				X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe		l	
	in Schedule O how this was done			Х	<u> </u>
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1			
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				38833
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a	- difference -	Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			13888	415055
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.				
			466	1000480	\$6000
~	exempt status with respect to such arrangements?		16b	L	L
Sec	tion C. Disclosure			_	
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s on	ly) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	· · · · · · · · · · · · · · · · · · ·	in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:			
	DAVID CROUCH C/O NETA - 803-799-5517				_
	939 SOUTH STADIUM ROAD, COLUMBIA, SC 29201		- Inches		The second second

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### Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l g		((	C)		100.	(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	Pos heck	more	l ≀than is bot	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	se or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	l trush	nal tru		oyee	ошре				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JIM KRAUSS	1.00	=	드	6	32	포동	윤			
DIRECTOR		х						0.	0.	0.
(2) DOUG GUYNN	1.00					l		-		
DIRECTOR		Х						0.	0.	0.
(3) RICHARD PARKER	1.00					Ì				_
SECRETARY		Х		х				0.	0.	0.
(4) TASSIE PIPPERT	1.00					İ				
DIRECTOR		Х						0.	0.	0.
(5) NEAL MENEFEE	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(6) DONNA MCCURDY	1.00									
TREASURER		Х		Х			L_	0.	0.	0.
(7) RUTH JONES	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) MARY MACLIN WEEMS	1.00							_	_	_
DIRECTOR		Х				<u> </u>		0.	0.	0.
(9) JON T. SAYRE	1.00	l								•
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.
(10) STEPHEN DAVIS	1.00								_	•
VICE-CHAIR	1 00	Х	<u> </u>	Х	<u> </u>	<u> </u>	_	0.	0.	0.
(11) AMY KIGER	1.00									
DIRECTOR	40.00	Х	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(12) DAVID MULLINS	40.00			٦,				112 205		10 000
GENERAL MANAGER	40.00		_	Х	<u> </u>		_	113,395.	0.	17,753.
(13) TONY MANCARI	40.00					x		100 076	0.	13,713.
CHIEF OPERATING OFFICER		_			<u> </u>	<u>^</u>	_	108,976.	0.	13,/13.
·	1	-			$\vdash$	-	-			
						l				-
						L				
Programment of the control of the co	<u></u>	<u> </u>	L	<u></u>	L	L				000

rar	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A)	(B)			)) Pos	C) .ition			(D)	(E) (F)				
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	1		mate	
		week					is bot or/trus		compensation from	compensation from related	1		ount c ther	)Ť
		(list any	Į.						the	organization	- 1	comp		tion
		hours for	Individual trustee or director				8		organization	(W-2/1099-MI			m the	
		related	o aats	nstee			ensat		(W-2/1099-MISC)	•	-	orga	nizatio	on
		organizations	al frus	Institutional trustee		Key employee	Highest compensated employee						relate	
		below line)	lividu	titutic	Officer	emp	hest	Former				orgar	nizatio	วทร
		iii le)	ᆵ	lus	₩	, Ke	ijĦ	훈						
			l											
			ļ						,					
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			ļ											
								<u> </u>						
			-											
			-							_				
	0.1.1.1					<u> </u>	Ш		222,371.		0.	21	, 46	<i></i>
	Sub-total							_	0.		0.	31	, 4	0.
	Total from continuation sheets to Part VI								222,371.		0.	21	, 46	
u 2	Total (add lines 1b and 1c)  Total number of individuals (including but n									1000 of rangetab		) <u>1</u>	, 4	50.
2	compensation from the organization	or innited to tr	1056	iiste	a a	DOVE	3) WI	10 16	eceived more than \$100	,000 or reportab	le			2
	compensation from the organization											١,	Yes	No.
3	Did the organization list any former officer,	director or tru	ieta	o ko	W on	nnlo	WAA	orl	highest compensated a	mnlovee on	-			
Ü	line 1a? If "Yes," complete Schedule J for sa	-		-	•	•	•		•			3	P110 200	Х
4	For any individual listed on line 1a, is the su											- 3		
7	and related organizations greater than \$150	•							•	•	- 1	4		Х
5	Did any person listed on line 1a receive or a													
Ū	rendered to the organization? If "Yes," com	•				•			•			5		X
Sec	tion B. Independent Contractors	proce corrector	00,	0, 30	2011	porc	,011					<u> </u>		
1	Complete this table for your five highest co	mnensated in	dene	- ende	nt c	ontr	acto	ors t	hat received more than	\$100.000 of cor	nnens	ation fro	om	
•	the organization. Report compensation for	•												
	(A)								(B)	,		(C)		
	Name and business	address	N	ONE	3				Description of s	ervices	С	ompen		1
	-								,					
		*												
														-
_											<u> </u>		0.50***	aca
2	Total number of independent contractors (in		ot li	mite	d to		_	sted	l above) who received m	ore than				
	\$100,000 of compensation from the organization	zation ⊳				(	)							

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants lar Amounts 1 a Federated campaigns 724,665 b Membership dues 1b ...... c Fundraising events ..... 1c d Related organizations 1d 1,041,839. Contributions, and Other Simi Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above ..... 10,089 8,019 g Noncash contributions included in lines 1a-1f: \$ 1,776,593 h Total, Add lines 1a-1f Business Code 2 a PROGRAM UNDERWRITING 515100 279,187 279,187 Program Service Revenue OTHER PROGRAM SERVICE REVENUE 60,803 60,803 515100 47,500 EDUCATION 515100 47,500. 47,081 OUTREACH PROJECTS 515100 47,081 All other program service revenue 434,571. Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 887 other similar amounts) 79,930. 79,043. Income from investment of tax-exempt bond proceeds 4 5 (i) Real (ii) Personal 233,183 6 a Gross rents 133,443 Less: rental expenses 99,740 c Rental income or (loss) ..... 99,740 99,740 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 35,438,963 assets other than inventory b Less: cost or other basis and sales expenses ....... 35,414,389 24,574. c Gain or (loss) 24,574 24,574 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 83,140 Part IV, line 18 36,872 b Less: direct expenses \_\_\_\_\_ b 46,268 46,268 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ..... b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue ..... e Total. Add lines 11a-11d 100 627. 2,461,676. 459,145, 125,311. Total revenue. See instructions.

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	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comj	plete all columns. All oti	her organizations must c	omplete column (A).	1 == 1
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
^	Grants and other assistance to domestic		<u> </u>		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ī	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		4.55	44	44
	trustees, and key employees	257,128.	167,986.	44,571.	44,571.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	446,036.	131,582.	126,948.	187,506.
7	Other salaries and wages Pension plan accruals and contributions (include	<u> </u>	131,302.	140,340.	107,300.
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	84,150.	43,518.	12,696.	27,936.
10	Payroll taxes	55,162.	19,161.	19,726.	27,936. 16,275.
11	Fees for services (non-employees):	,		,	,
b	Legal				
С	Accounting	_			
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	379,936.	253,996.	96,245.	29,695.
12	Advertising and promotion	84,014.	84,014.		
13	Office expenses				
14	Information technology				
15	Royalties	136,505.	47,710.	87,311.	1,484.
16	Occupancy	21,367.	5,611.	11,362.	4,394.
17	Travel  Payments of travel or entertainment expenses	21,307.	2,011.	11,302.	4,354.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	<del></del>		_	
22	Depreciation, depletion, and amortization	538,802.	516,485.	13,428.	8,889.
23	Insurance	37,893.	16,165.	15,274.	6,454.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BROADCAST RIGHTS	378,962.	378,962.		
b	UTILITIES & COMMUNICATI	201,497.	82,838.	20,898.	97,761.
С	OPERATING SUPPLIES	113,012.	7,731.	9,895.	95,386.
d	REPAIRS AND MAINTENANCE	104,439.	92,499.	6,545.	5,395.
е	All other expenses	146,242.	12,738.	79,921.	53,583.
25	Total functional expenses. Add lines 1 through 24e	2,985,145.	1,860,996.	544,820.	579,329.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here X if following SOP 98-2 (ASC 958-720)				
y-100-may	Cneck nere	Transportation to the PROPERTY processors to the Manager House to the State of the	The state of the s		Form 990 (2014)

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art	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	194,348.	1	63,875.
	2	Savings and temporary cash investments	306,660.	2	296,528.
	3	Pledges and grants receivable, net	34,021.	3	68,445.
		Accounts receivable, net	162,059.	4	5,974.
		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
}		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	_
		Notes and loans receivable, net		7	
١	8	Inventories for sale or use	106 010	_8	105 505
	9	Prepaid expenses and deferred charges	186,840.	9	185,535.
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 8,715,842. 10b 6,867,168.	0 200 000		1 040 674
	b	Less: accumulated depreciation	2,396,767.		1,848,674. 8,732,917.
'	11	Investments - publicly traded securities	8,927,949.	11	8,732,917.
'	12	Investments - other securities. See Part IV, line 11		12	
-	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12 200 644	15	11,201,948.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,208,644.	16	164,576.
- 1	17	Accounts payable and accrued expenses	100,101.	17	104,570.
- 1	18	Grants payable	1,614,405.	18 19	1,190,973.
- 1	19	Deferred revenue	T,014,400.		1,190,975
		Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
'	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
Ι,	00	Secured mortgages and notes payable to unrelated third parties	118,495.	23	79,539.
	23 24	Unsecured notes and loans payable to unrelated third parties		24	7373330
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third			
1	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	7,000,000.	25	7,014,226.
<u> </u>	26	Total liabilities. Add lines 17 through 25	8,893,081.	26	8,449,314.
十		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	3,246,360.	27	2,683,014.
:	28	Temporarily restricted net assets	69,203.	28	69,620.
;   ;	29	Permanently restricted net assets		29	:
j		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
;		' '		30	
	30	Capital stock or trust principal, or current funds			
	30 31	Capital stock or trust principal, or current funds		31	l
		Paid-in or capital surplus, or land, building, or equipment fund		31 32	
	31		3,315,563.	-	2,752,634. 11,201,948.

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Pai	t XI Reconciliation of Net Assets				[]
	Check if Schedule O contains a response or note to any line in this Part XI				Щ
					n.c
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,461		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,985		
3	Revenue less expenses. Subtract line 2 from line 1	3	-523		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,315		
5	Net unrealized gains (losses) on investments	5	-39	),4	60.
6	Donated services and use of facilities	6		_	
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,752	2,6	34.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			_	LX.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1883		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		8888		1988
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			<u> </u>
			Form	990 (	(2014)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> SHENANDOAH VALLEY EDUCATIONAL TELEVISION Employed OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-0785147 CORP. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported (ii) EIN listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes Nα (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2014 CORP .

Part II

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,889,301 include any "unusual grants.") ..... 1,776,593 12,316,805. 2,684,527 2,744,495 2,221,889 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 47,009 45,834 44,587 25,239 162,669 2,936,310, 2,730,361 2,789,082 1,776,593 12,479,474. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 12,479,474. 6 Public support, Subtract line 5 from line 4. Section B. Total Support (c) 2012 Calendar year (or fiscal year beginning in) (b) 2011 (d) 2013 (e) 2014 (f) Total (a) 2010 2,936,310, 2,730,361 2,789,082 2,247,128, 1,776,593, 12,479,474. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 23,527 25,499 24,823 98,555. 39,583. 211,987. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the 65,047. 100,627. 69,893 335,245. 41,802. 57,876 business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 117,745. 83,140. 94,568 48,803. 121,183. 465,439. assets (Explain in Part VI.) 13,492,145. 11 Total support. Add lines 7 through 10 2,127,841. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						<u> </u>
Ĭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-				1		_
7	ization's benefit and either paid to						
	or expended on its behalf						
-	, , , , , , , , , , , , , , , , , , , ,	-		<del> </del>			<del>                                     </del>
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge		<u> </u>	-			<del> </del>
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
k	) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	N. 1881 1881 18				5.007 (0.000)	·
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ⊳	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						_
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b					<u> </u>	
	Net income from unrelated business				1	<del> </del>	<del> </del>
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain	-			1		<del>                                     </del>
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	11	f	l fourth on COL	1	504(-)(0)	<u> </u>
14	First five years. If the Form 990 is fo	•		•	•		
<u></u>	check this box and stop here ction C. Computation of Publ	lie Support De	······································				
				1 (6)		Tarl	
	Public support percentage for 2014 (					15	<u>%</u>
	Public support percentage from 2013					16	%
_	ction D. Computation of Inve					T I	
	Investment income percentage for 20					17	
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶Ш
ŀ	33 1/3% support tests - 2013. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than <b>33</b> 1/ <b>3</b> %,	, and
	line 18 is not more than 33 1/3%, che	eck this box and s	to <b>p</b> her <b>e.</b> The org	anization qualifies	as a publicly supp	oorted organizatio	n ▶∐
20	Private foundation, If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<b>&gt;</b>
4320	23 00-17-14				Sc	hedule A /Form 9	90 or 990-FZ) 2014

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
 За		
3b		
3b_ 3c		SERVICE SERVICE
4a		185738
4b		
4c		
5a 5b		243574 3843833
5c	1000000000	
6		
7		
8		NW.S
9a		
9h		Judel Eschie
9c		- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10a		
10b		10000
	0-EZ)	2014

Schedule A (Form 990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 CORP •	54-078514	7 Pa	1ge <b>5</b>
Pai	rt IV   Supporting Organizations <sub>(continued)</sub>			
		CHISTORY (700)	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	V178141		
	below, the governing body of a supported organization?	11a		⊢—
	A family member of a person described in (a) above?	11b		l
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Ь
Sec	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1 Harry Straigh	10000000000
2	Did the organization operate for the benefit of any supported organization other than the supported		N. Visia	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	**********	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Nieles (military nieles		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		,	,
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	- AND THE		1855
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_ 2	l material	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		L
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In	structions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (eee instructions	.)	
c		ny (300 manaonone	Yes	No
2	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	and the second of the second o			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	20.07/22/2	10000000
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1984	
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		l second
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
P.Ampagera		A /Earm 000 ar 00	00 57	0014

	edule A (Form 990 or 990-EZ) 2014 CORP .			4-0785147 Page 6
1.77	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	~	*	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete:	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		_
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	NOT BE		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		_
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integr	ated Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CORP. 54-0785147 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (i) (ii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: 3 b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7: 8 b d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 CORP •	54-0785147 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	,
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

SHENANDOAH VALLEY EDUCATIONAL TELEVISION Employer identification number

OMB No. 1545-0047

Maili	CORP.		54-0785147
Pai		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<del>_</del>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	······	Yes No
Par			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	l historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		<u> </u>
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		-
8	Does each conservation easement reported on line 2(d) abo		
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservationally desired and in a report of the forest and the averaging	· · · · · · · · · · · · · · · · · · ·	
	include, if applicable, the text of the footnote to the organization conservation easements.	ation's financial statements that describes the	organization's accounting for
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A		t and halance sheet works of art.
	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		-,  ,  ,  ,
b	If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,,
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
-			
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS		
а	Revenue included in Form 990, Part VIII, line 1		
b			

Schedule D (Form 990) 2014 CORP •			54-07	85147	/ P	age 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other	Simila	ar Asse	ts(contin	ued)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):						
a Public exhibition d Loan or exchange programs						
b Scholarly research e Other						
c Preservation for future generations						
4 Provide a description of the organization's collections and explain how they further the organization's	exemp	ot purpo	se in Pai	t XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other si						
to be sold to raise funds rather than to be maintained as part of the organization's collection?		<u></u>	<u>.</u>	Yes		No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes reported an amount on Form 990, Part X, line 21.				line 9, or		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets	s not inc	cluded				
on Form 990, Part X?				Yes		No
b If "Yes," explain the arrangement in Part XIII and complete the following table:						
3				Amount		
c Beginning balance		1c				
d Additions during the year		1d				
e Distributions during the year		1e			_	
f Ending balance		1f	,			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account	liabilitv	-		Yes		No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part	37111					Ī.,
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, I						
(a) Current year (b) Prior year (c) Two years ba		Three v	ears hack	(e) Four	vears	back
1a Beginning of year balance	(4)	,		(0).00.	<i>y</i>	
b Contributions					_	
c Net investment earnings, gains, and losses						
d Grants or scholarships						—
e Other expenditures for facilities						—
and programs						
f Administrative expenses						
				t		
g End of year balance				<u>I</u>		
a Board designated or quasi-endowment ▶%						
and the second of the second o						
b Permanent endowment ▶%  c Temporarily restricted endowment ▶ %						
The percentages in lines 2a, 2b, and 2c should equal 100%.	£ 41					
3a Are there endowment funds not in the possession of the organization that are held and administered	for the	organiz	ation	Г	V	
by:					Yes	NO.
(i) unrelated organizations						<b></b>
(ii) related organizations						<u> </u>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?				. <u>3</u> b		ш
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Pa	rt X, line	e 10.				
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)		umulate	ed	(d) Book	c valu	е
	-3p,0					
1a Land	<u> 1</u> 2	35,5	77.	470	9.1	19.
	- 10	, , , ,	' ' •	<b>4</b> /2	<i>,</i> , <u>.</u>	<u> </u>
c Leasehold improvements d Equipment 3,294,248.	2 57	11,20	05	723	3 1	43.
1 4 4 5 6 0 0 0		$\frac{1}{0}, \frac{2}{3}$				$\frac{43.}{12.}$
e Other 4,456,898.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	J, UL	. 0 , 50	<b>&gt;</b>	1,848		

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.			and the second s
Complete if the organization answered "Yes" to			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			<u> </u>
(D)			
(E)			
(F)			
(G)		<del> </del>	
(H)		ANSAS Promit Ind State of Pradmatters No. 174 (All revenues and Antities INV Ansastas)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
(1)			
(2)			
(3)			
(4)		<u> </u>	<u> </u>
(5)			
(6)			
(7)			<del></del>
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			<u> </u>
Control of the Contro	Corm OOO Dort IV lin	on 11d Con Form 000 Bort V line 15	
Complete if the organization answered "Yes" to	escription	le 11d. See Form 990, Fart A, Iline 15.	(b) Book value
	Coorption		(b) Dook value
(1)			
(2)			
(3)			
<u>(4)</u>			<del></del>
		<del></del>	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b>—</b>
Part X Other Liabilities.	10.7		
Complete if the organization answered "Yes" to	Form 990, Part IV. lin	ne 11e or 11f. See Form 990, Part X. lin	ne 25.
1. (a) Description of liability	7 0 111 000, 1 41 (17) 111	(b) Book value	
(1) Federal income taxes	<u> </u>	14,226.	
(2) DEPOSIT ON SPECTRUM AUCTIO	N	7,000,000.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	7,014,226.	
	,		. commence and the contract of

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

432053 10-01-14

COLIC	edule D (1 0111 990) 2014 CO112 4			, o o o o o o o o o o o o o o o o o o o		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With R	levenue per R	eturn.	•		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		1	2,592,531.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments2a	-39,460.				
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d		<b>2</b> e	-39,460.		
3	Subtract line 2e from line 1		3	2,631,991.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b4a					
b	Other (Describe in Part XIII.) 4b	-170,315.		•		
С	Add lines 4a and 4b		4c	-170,315.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,461,676.		
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per	Retur	'n.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1	3,155,460.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	170,315.				
е	Add lines 2a through 2d		<b>2</b> e	170,315.		
3	Subtract line 2e from line 1		3	2,985,145.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b4a					
b	Other (Describe in Part XIII.)		144 (334) 338 (334)	_		
С			4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,985,145.		
	rt XIII Supplemental Information.					
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part )	X, line 2; Part XI,		
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						

### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN DETERMINED TO BE AN EDUCATIONAL ORGANIZATION WHICH QUALIFIES DONATIONS TO THE ORGANIZATION AS CHARITABLE CONTRIBUTIONS FOR TAX PURPOSES. UNRELATED BUSINESS INCOME, PRIMARILY TOWER RENTAL, IS TAXABLE TO THE ORGANIZATION. THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION; HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS THEY ARE DEFINED IN THIS GUIDANCE. ANNUALLY, THE ORGANIZATION FILES INFORMATION AND UNRELATED BUSINESS INCOME TAX RETURNS WITH THE UNITED STATES DEPARTMENT OF THE

2014.05050 SHENANDOAH VALLEY EDUCATION H6361-32

Schedule D (Form 990) 2014 CORP • E	54-0785147 Page 5
TREASURY, AND A CORPORATE INCOME TAX RETURN WITH THE COMMONWE	ALTH OF
VIRGINIA. SUCH RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2012	THROUGH 2015
REMAIN OPEN TO POTENTIAL EXAMINATION BY TAXING AUTHORITIES.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-133,443.
FUNDRAISING EXPENSE	-36,872.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-170,315.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	133,443.
FUNDRAISING EXPENSE	36,872.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	170,315.
· · · · · · · · · · · · · · · · · · ·	
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### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Onen to Publ

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

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization SHENANDOAH VALLEY EDUCATIONAL TELEVISION 54-0785147 CORP. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not Part required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) CHRIS MAYR - 1278 BLACKWATER SOLICITATION OF AND Yes No 44,733. POND DR., ORLANDO, FL 32828 COORDINATION OF ON-LINE Х 62,569 17,836. CARL BLOOM - 81 MAIN STREET, MEMBER ACQUISITION SUITE 126, WHITE PLAINS, NY MAILINGS 13,110. 13,213 -103. 44,630. 75,679. 31,049 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014

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54-0785147 Page 2 Schedule G (Form 990 or 990-EZ) 2014 CORP • Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events ANNUAL (add col. (a) through AUCTION MOSS PRINTS col. (c)) (total number) (event type) (event type) 17,892 53,255. 83,140. 11,993. 1 Gross receipts 2 Less: Contributions ..... 53,255. 83,140. 11,993. 17,892. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Expenses Rent/facility costs 7 Food and beverages ..... 8 Entertainment ..... 1,459. 15,771. 19,642. 36,872. 9 Other direct expenses ..... 36,872. 10 Direct expense summary. Add lines 4 through 9 in column (d) 46,268. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs ..... 5 Other direct expenses Yes ∫No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) .......(d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: \_\_\_\_ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2014 432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 CORP •	54-0785147	Page 3
11 Does the organization conduct gaming activities with nonmembers?	The second secon	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?		☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	<b>13</b> a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:	
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar of gaming revenue retained by the third party ▶\$	nount	
c If "Yes," enter name and address of the third party:		
Name ▶		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	d Part III, lines 9, 9b, 1	0b, 15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDE	RAISERS:	
(I) NAME OF FUNDRAISER: CHRIS MAYR		
(I) ADDRESS OF FUNDRAISER: 1278 BLACKWATER POND DR., ORLANI	DO, FL 3282	28
(II) ACTIVITY: SOLICITATION OF AND COORDINATION OF ON-LINE	AUCTION	
(I) NAME OF FUNDRAISER: CARL BLOOM		
(I) ADDRESS OF FUNDRAISER:		
81 MAIN STREET, SUITE 126, WHITE PLAINS, NY 10601		
上 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ule G (Form 990 or 990	0-EZ) 201

# SHENANDOAH VALLEY EDUCATIONAL TELEVISION 54-0785147 Page 4 Schedule G (Form 990 or 990-EZ) CORP. Part IV Supplemental Information (continued)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. Irs. gov/form9900 SHENANDOAH VALLEY EDUCATIONAL TELEVISION Emplo Employer identification number 54-0785147 CORP.

Open to Public Inspection

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HIGH QUALITY CONTENT TO EDUCATE, ENLIGHTEN, LEAD, INSPIRE AND ENTERTAIN. WVPT PROVIDES MORE THAN 25,000 HOURS OF NON-COMMERCIAL, EDUCATIONAL AND ENTERTAINING TELEVISION PROGRAMS EACH YEAR VIA THREE DIGITAL BROADCAST TO SUPPORT THE MISSION OF THE ORGANIZATION WVPT STRIVES TO CHANNELS. BE THE LEADER IN PROVIDING INFORMATION THAT THE COMMUNITIES WE SERVE -THE INDIVIDUALS WHO USE THE CONTENT WE PROVIDE, NEED TO BETTER IN THESE SERVICE EFFORTS, WVPT WILL UNDERSTAND THE WORLD WE LIVE IN. UTILIZE BROADCAST TELEVISION, THE INTERNET AND COMMUNITY AND

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL AND ENTERTAINING TELEVISION PROGRAMS EACH YEAR VIA THREE TO SUPPORT THE MISSION OF THE ORGANIZATION DIGITAL BROADCAST CHANNELS. WVPT STRIVES TO BE THE LEADER IN PROVIDING INFORMATION THAT THE COMMUNITIES WE SERVE - THE INDIVIDUALS WHO USE THE CONTENT WE PROVIDE -NEED TO BETTER UNDERSTAND THE WORLD WE LIVE IN. IN THESE SERVICE EFFORTS, WVPT WILL UTILIZE BROADCAST TELEVISION, THE INTERNET AND COMMUNITY AND EDUCATIONAL OUTREACH PROJECTS.

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, LINE 4A: PROGRAM SERVICE DESCRIPTION FOR BROADCASTING HAS BEEN AMENDED: UPDATED, BUT THE AMOUNT OF PROGRAM SERVICES EXPENSES DID NOT CHANGE -TOTAL AMOUNT IS \$943,344.

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

EDUCATIONAL OUTREACH PROJECTS.

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND LOCAL CONTENT, WITH OUR 13TH YEAR PRODUCING THE AWARD WINNING

"VIRGINIA FARMING" PROGRAM. THIS PROGRAM IS ALSO DISTRIBUTED AROUND

THE STATE AIRING ON ALL PUBLIC BROADCASTING STATIONS.

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, LINE 4B:

AMENDED: PROGRAM SERVICE DESCRIPTION FOR PROGRAMMING AND PRODUCTION

HAS BEEN UPDATED, BUT THE AMOUNT OF PROGRAM SERVICES EXPENSES DID NOT

CHANGE - TOTAL AMOUNT IS \$655,385.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WHRO IN HAMPTON ROADS, VA WITH A STATEWIDE ON-LINE EDUCATION - A RESOURCE EMEDIAVA, PROVIDING FREE ON-LINE CONTENT FOR CLASSROOMS ACROSS VA. FOR THE DOWNTON ABBEY FANS IN THE COMMUNITY, WE PRODUCED ANNUAL DOWNTON ABBEY VIP AND FREE SCREENINGS OF THE PREMIERE EPISODE WHERE HUNDREDS OF FANS CAME TOGETHER TO SEE THE EVENT ON THE BIG SCREEN. SERVICE TO SCHOOLS AND COMMUNITY ORGANIZATIONS THROUGH USE OF WVPT'S COMMUNITY ROOM, STUDIO TOURS, AND PARTICIPATION IN EVENTS LIKE THE REGIONAL SPELLING BEE AND SKYLINE LITERACY CLASSES CONTINUES TO GROW THE COMMUNITY EVENT PARTICIPATION AND OR SPONSORED DURING EACH YEAR. THE CALENDAR YEAR 2015 BY WVPT INCLUDE: JMU VOLUNTEER DAY, RMH FAMILY FAIR, KID'S MATTER DAY, UNITED WAY DAY OF CARING, THE VIRGINIA TURKS VALLEY LEAGUE BASEBALL GAME, WAYNESBORO LIBRARY CUBBY VISIT, HARRISONBURG SAFE KIDS EVENTS, UNITED WAY STUFF THE BUS, ROCKINGHAM COUNTY FAIR, UVA CHILDREN'S HOSPITAL CUBBY VISIT, BRIDGEWATER COLLEGE SHARE FAIR NATION, JOY FM FALL FESTIVAL, VALLEY MALL HALLOWEEN, AND

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Employer identification number 54-0785147

HARRISONBURG HALLOWEEN ON THE SQUARE.

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, LINE 4C: PROGRAM SERVICE DESCRIPTION FOR PROGRAM INFORMATION HAS BEEN AMENDED: UPDATED, BUT THE AMOUNT OF PROGRAM SERVICE EXPENSES DID NOT CHANGE -TOTAL AMOUNT IS \$262,267.

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

FORM 990 IS PLACED ON A PORTAL FOR THE CFO AND BOARD MEMBERS TO REVIEW PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GENERAL MANAGER MONITORS EXPENSES TO IDENTIFY IF CONFLICTS ARE OCCURRING. IF TRANSACTION IS DISCOVERED, TRANSACTION IS INVESTIGATED TO ENSURE THAT IT HAS BEEN APPROVED AND IS LEGITIMATE.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PACKAGE FOR PRESIDENT/GENERAL MANAGER IS DETERMINED BY THE EXECUTIVE COMMITTEE AFTER REVIEW OF COMPARABLE COMPENSATION PACKAGES. PRESIDENT/GENERAL MANAGER ARE PROVIDED AN ANNUAL REVIEW WITH COMPENSATION FOR UPCOMING YEAR APPROVED BY THE BOARD.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATIONS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SHENANDOAH VALLEY EDUCATIONAL TELEVISION CORP.	Employer identification number 54-0785147
OTHER:	
PROGRAM SERVICE EXPENSES	253,996.
MANAGEMENT AND GENERAL EXPENSES	96,245.
FUNDRAISING EXPENSES	29,695.
TOTAL EXPENSES	379,936.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	379,936.
FORM 990 PART XII, LINE 2C	
NO CHANGE IN PROCESS FROM PRIOR YEAR	
FORM 990 PART VII, COMPENSATION OF OFFICERS, DIRECTORS,	
AMENDED: EXECUTIVE DIRECTOR, DAVID MULLINS WAS ADDED TO	THE LIST AND
CORRESPONDING SALARY/BENEFITS AMOUNT. HIGHLY COMPENSATED	EMPLOYEE -
TONY MANCARI WAS ADDED TO THE LIST AS A HIGHLY COMPENSATE	ED EMPLOYEE AND
CORRESPONDING SALARY/BENEFITS AMOUNT.	
<u> </u>	
	,