

Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning 10/01/14 , and ending 09/30/15

43-1026021

New Wave Corporation

Net Asset / Fund Balance at Beginning of Year		<u>95,799</u>
Revenue		
Contributions	<u>208,035</u>	
Program service revenue	<u>13,395</u>	
Investment income		
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>205</u>	
Total revenue		<u>221,635</u>
Expenses		
Program services	<u>120,879</u>	
Management and general	<u>90,773</u>	
Fundraising	<u>38,602</u>	
Total expenses		<u>250,254</u>
Excess / (deficit)		<u>-28,619</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>67,180</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>251,080</u>
Less:	
Unrealized gains	
Donated services	<u>29,445</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>221,635</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>279,699</u>
Less:	
Donated services	<u>29,445</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>250,254</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>113,612</u>	<u>98,884</u>	
Liabilities	<u>17,813</u>	<u>31,704</u>	
Net assets	<u><u>95,799</u></u>	<u><u>67,180</u></u>	<u>-28,619</u>

Miscellaneous Information

Amended return _____
Return / extended due date 08/15/16
Failure to file penalty _____

Marberry & Eagle P.C. CPAs
414 E. Broadway, Suite 200
Columbia, MO 65201
573-875-8777

May 20, 2016

CONFIDENTIAL

New Wave Corporation
915 E Broadway
Columbia, MO 65201

Dear John:

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

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

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

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

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

Sincerely,

Marberry & Eagle P.C. CPAs

New Wave Corporation
Exempt Organization Information Return
September 30, 2015

Marberry & Eagle, P.C.
Certified Public Accountants
414 E. Broadway, Suite 200
Columbia, MO 65201
573-875-8777

May 20, 2016

CONFIDENTIAL

New Wave Corporation
915 E Broadway
Columbia, MO 65201

Dear John:

We have completed the computation of your 2014 information returns and wanted you to know the processing of your returns should be completed by the time you receive this notice. Please come by our office to pick up your returns or contact us at 875-8777 with mailing instructions or to schedule a time to go over the returns.

We also wanted to let you know that before we can electronically submit your income tax return to the IRS, we must have Form 8879 signed by an officer. Once you have picked up your tax return from our office or received it via mail, we ask that you return the signed form to us at your very earliest convenience. You may return it to us via US Mail, by fax (442-1050) or drop it off at our office.

We appreciate your confidence and the opportunity to serve you.

Sincerely,
Marberry & Eagle, P.C.

Marberry & Eagle P.C. CPAs
414 E. Broadway, Suite 200
Columbia, MO 65201
573-875-8777

May 20, 2016

CONFIDENTIAL

New Wave Corporation
915 E Broadway
Columbia, MO 65201

For professional services rendered in connection with the preparation of the following tax forms
for year ending 9/30/15.

Amount due \$ 0.00

Filing Instructions

New Wave Corporation

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended September 30, 2015

Federal Filing Instructions

None is required. Your Form 990 for the year ended 9/30/15 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Marberry & Eagle P.C. CPAs
414 E. Broadway, Suite 200
Columbia, MO 65201

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

New Wave Corporation
915 E Broadway
Columbia, MO 65201

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2014, or fiscal year beginning 10/01, 2014, and ending 9/30, 20 15

2014

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

New Wave Corporation

43-1026021

Name and title of officer

Dan Hemmelgarn
President

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>221,635</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Marberry & Eagle P.C. CPAs to enter my PIN 12016 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 05/13/16

Part III Certification and Authentication

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

43508199999
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 05/13/16

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10/01/14, and ending 09/30/15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization New Wave Corporation Doing business as KOPN FM Radio Number and street (or P.O. box if mail is not delivered to street address) 915 E Broadway City or town, state or province, country, and ZIP or foreign postal code Columbia MO 65201	D Employer identification number 43-1026021 E Telephone number 573-874-1139 G Gross receipts \$ 221,635
F Name and address of principal officer: Dan Hemmerlgarn 915 East Broadway Columbia MO 65201		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u www.kopn.org		L Year of formation: 1972 M State of legal domicile: MO
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Listener-supported community public radio station committed to educating and enriching the lives of its membership and the community it serves.		
	2	Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	120
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	257,655	208,035
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,032	13,395
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110	205
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	284,797	221,635
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	107,021	104,625
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) u 38,602		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	155,369	145,629
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	262,390	250,254
	19	Revenue less expenses. Subtract line 18 from line 12	22,407	-28,619
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	113,612	98,884
	22	Net assets or fund balances. Subtract line 21 from line 20	17,813	31,704
			95,799	67,180

Part II Signature Block

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

Sign Here	Signature of officer Dan Hemmelgarn Type or print name and title	Date President
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Paid Preparer Use Only	Print/Type preparer's name Thomas C. Eagle	Preparer's signature Date 05/20/16	Check <input type="checkbox"/> if self-employed	PTIN P01325579
	Firm's name } Marberry & Eagle P.C. CPAs 414 E. Broadway, Suite 200 Firm's address } Columbia, MO 65201	Firm's EIN } 26-3799709 Phone no. } 573-875-8777		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Listener-supported community public radio station committed to educating and enriching the lives of its membership and the community it serves.

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

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

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

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

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

4a (Code:) (Expenses \$ 120,879 including grants of \$) (Revenue \$)

New Wave Corporation operates a 24-hour daily production and broadcasting schedule on KOPN 89.5 FM Radio consisting of non-commercial educational programs and music which serves thousands of listeners in central Missouri. Programming includes music, talk, news, and drama, with broadcasts of live and recorded music by local and national artists and broadcasts of literary, educational, and theatrical performances. Local specialty shows are broadcast and aid in educating and increasing civic discourse on topics such as current events, civil liberties, various cultural matters, emerging technologies, women's issues, farming, and health.

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

New Wave Corporation has provided training to over 100 people in radio broadcasting and over 50 people in broadcast production. The Organization provides summer internships opportunities through the C.A.R.E. Program and also provides informal training opportunities to international students studying in Columbia, Missouri. In addition, the Organization provides community service opportunities through active participation with the local court system. Training workshops are also presented to assist in increasing organizational capacity and competence for its Board of Directors, staff, volunteers, and other non-profit organizations in Boone County and Columbia, Missouri.

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

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

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

4e Total program service expenses 120,879

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u** None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
 David Owens 915 E Broadway
 Columbia MO 65201 573-841-1139

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David Owens General Manager	40.00 0.00	X						32,348	0	0
(2) John Betz Board Member	1.00 0.00	X						0	0	0
(3) Ellen Schlie Vice-President	1.00 0.00	X		X				0	0	0
(4) Heather O'Connor Secretary	1.00 0.00	X		X				0	0	0
(5) Dan Hemmelgarn President	1.00 0.00	X		X				0	0	0
(6) William Dellinger Treasurer	1.00 0.00	X		X				0	0	0
(7) Connie Hyman Board Member	1.00 0.00	X						0	0	0
(8) Laird Okie Board Member	1.00 0.00	X						0	0	0
(9) Gail Plemmons Board Member	1.00 0.00	X						0	0	0
(10) Tao Weilundemo Board Member	1.00 0.00	X						0	0	0
(11) Curt Wohleber Board Member	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							32,348			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							32,348			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	208,035			
	g Noncash contributions included in lines 1a-1f: \$		15,064			
	h Total. Add lines 1a-1f	u	208,035			
Program Service Revenue	2a Underwriting	Busn. Code	13,395	13,395		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	13,395			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u			
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events		u				
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities		u				
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a Misc			205	205		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		205			
12 Total revenue. See instructions.	u		221,635	13,600	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	32,348	10,675	15,203	6,470
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	54,691	18,048	25,705	10,938
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,414	2,918	6,119	377
10 Payroll taxes	8,172	2,697	3,841	1,634
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,211		7,211	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	213		149	64
13 Office expenses	4,526	1,237	2,976	313
14 Information technology				
15 Royalties				
16 Occupancy	29,575	22,181	6,149	1,245
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,858	11,316	771	771
23 Insurance	5,729		5,729	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Fees	24,612	24,612		
b Donated Goods	15,064	6,779	3,314	4,971
c Tower Expenses	10,710	10,710		
d Telephone	8,612	4,306	4,306	
e All other expenses	26,519	5,400	9,300	11,819
25 Total functional expenses. Add lines 1 through 24e	250,254	120,879	90,773	38,602
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	6,929	1	1,402
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	8,696	3	9,531
	4	Accounts receivable, net	5,539	4	2,800
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	1,267	6	3,094
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,380	9	1,030
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	439,175		
		10a			
	b	Less: accumulated depreciation	358,148	10c	81,027
		10b			
	11	Investments—publicly traded securities		11	
	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		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	113,612	16	98,884	
Liabilities	17	Accounts payable and accrued expenses	14,713	17	22,266
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	4,249
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,100	25	5,189
	26	Total liabilities. Add lines 17 through 25	17,813	26	31,704
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	88,886	27	63,146
	28	Temporarily restricted net assets	6,913	28	4,034
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	95,799	33	67,180	
34	Total liabilities and net assets/fund balances	113,612	34	98,884	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	221,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,254
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,799
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,180

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

New Wave Corporation

Employer identification number

43-1026021

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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.")	210,808	222,161	228,793	257,655	208,035	1,127,452
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	210,808	222,161	228,793	257,655	208,035	1,127,452
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,127,452

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	210,808	222,161	228,793	257,655	208,035	1,127,452
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	950	2,944	307	110	205	4,516
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,131,968

12 Gross receipts from related activities, etc. (see instructions) **12** 13,600

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))	14	99.60%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.42%

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 **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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization'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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section 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 instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
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.			
4 Distributions for 2014 from Section D, line 7: \$			
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).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

New Wave Corporation

43-1026021

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

New Wave Corporation

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43-1026021

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Corporation for Public Broadcasting 401 Ninth Street NW Washington DC 20004	\$ 71,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

New Wave Corporation

Employer identification number

43-1026021

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		439,175	358,148	81,027
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	81,027

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued payroll liabilities	2,697	
(3) Bank Overdraft	2,492	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	5,189	

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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

New Wave Corporation

Employer identification number

43-1026021

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 u \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	David Owen			General Manager	Cell phone use reimbursement		X	3,094	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							u \$	3,094					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

New Wave Corporation

Employer identification number

43-1026021

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Copy of form 990 is reviewed by Treasurer and General Manager before
filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are made available to the public by request made to the general
manager.

Form 990, Part IX, Line 24e - Other Expenses

Description

Amount

Dues and Subscriptions

\$ 768

\$ 4,161

\$ 1,472

Uncollectible pledges

\$ 0

\$ 0

\$ 5,204

Fundraising

\$ 0

\$ 0

\$ 4,156

Bank Fees

\$ 0

\$ 4,152

\$ 0

Equipment Rental

\$ 987

\$ 987

\$ 987

Broadcast and Productions

\$ 1,988

\$ 0

\$ 0

Production Supplies

\$ 586

\$ 0

\$ 0

Internet Charges

Name of the organization

Employer identification number

New Wave Corporation

43-1026021

\$ 397 \$ 0 \$ 0

Engineering Supplies

\$ 344 \$ 0 \$ 0

Repairs

\$ 330 \$ 0 \$ 0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment
Sequence No. **179**

Name(s) shown on return

New Wave Corporation

Identifying number

43-1026021

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	12,858

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	12,858
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Improvements	6/01/90	3,931				3,931	20	MO S/L	3,931	0
2	Ashlock	5/01/90	1,264				1,264	20	MO S/L	1,264	0
3	Built In Shelves	5/01/90	2,200				2,200	20	MO S/L	2,200	0
4	Newsroom	9/30/04	8,956				8,956	20	MO S/L	4,786	448
5	HVAC	8/01/07	3,199				3,199	10	MO S/L	2,346	320
6	Towner Comm	7/17/00	5,012				5,012	20	MO S/L	3,759	250
7	Towner Comm	8/26/04	818				818	7	MO S/L	818	0
8	Other	9/30/08	747				747	7	MO S/L	747	0
9	Smarts 2n Gen Office SW	3/20/07	3,500				3,500	5	MO S/L	3,500	0
10	Traffic Sw W/Training	12/11/09	651				651	3	MO S/L	651	0
11	Harris/PRE Impulse 99-1060	7/14/01	7,169				7,169	5	MO S/L	7,169	0
12	Microphone processors 2	7/14/01	570				570	5	MO S/L	570	0
13	CD player marantz 2	7/14/01	621				621	5	MO S/L	621	0
14	Headphone amplifier	7/14/01	329				329	5	MO S/L	329	0
15	Cabinetry	7/14/01	3,731				3,731	5	MO S/L	3,731	0
16	Antenna roof mount	9/27/01	407				407	5	MO S/L	407	0
17	Audio vault express	12/28/01	16,979				16,979	5	MO S/L	16,979	0
18	Production Equip Prior to 1992	9/30/92	22,125				22,125	10	MO S/L	22,125	0
19	Production Equipment	10/16/03	4,421				4,421	5	MO S/L	4,421	0
20	Production Equipment	10/16/03	4,847				4,847	10	MO S/L	4,847	0
21	Computer Equip Prior to 2004	9/30/04	15,097				15,097	5	MO S/L	15,097	0
22	Acer Aspire	3/26/07	681				681	3	MO S/L	681	0
23	Computer Equipment	8/31/07	5,543				5,543	5	MO S/L	5,543	0
24	Computer Equip	9/30/08	1,233				1,233	5	MO S/L	1,233	0
25	Broadcast Equipment Prior to 2004	9/30/04	38,090				38,090	5	MO S/L	38,090	0
26	Broadcast Equipment	9/30/08	2,279				2,279	5	MO S/L	2,279	0
27	Transmitter Equipment Prior to 1995	9/30/95	131,542				131,542	15	MO S/L	131,542	0
28	Transmitter at Paquin	1/01/96	2,309				2,309	15	MO S/L	2,309	0
29	Exciter	10/27/03	2,545				2,545	15	MO S/L	1,781	170
30	Transmit	10/24/03	725				725	15	MO S/L	507	49
31	Moseley	5/26/04	4,000				4,000	15	MO S/L	2,800	267
32	Transmit	6/29/04	2,520				2,520	15	MO S/L	1,764	168
33	St Louis Transmit	10/29/05	928				928	15	MO S/L	588	62
34	Remodel of Transmitter	8/31/07	6,851				6,851	15	MO S/L	3,235	457
35	Roof Installation	9/30/07	80,583				80,583	15	MO S/L	37,605	5,372
36	New Transmitt	8/31/07	4,403				4,403	15	MO S/L	2,055	293
37	HVAC for Transmitter	8/31/07	19,535				19,535	15	MO S/L	9,225	1,302
38	Acer PC for Air Room	1/03/12	398				398	5	MO S/L	219	80
39	5 CD Players (TASCAM CD-500B)	9/18/12	2,775				2,775	5	MO S/L	1,110	555
40	Sage Alerting Systems 3644 Digital CAP El	6/05/12	2,245				2,245	15	MO S/L	349	150
41	Acer PC for Office (w/ keyboard & mouse)	1/03/12	427				427	5	MO S/L	235	85
42	Network Installation - Ozark Digital Data	6/01/12	3,501				3,501	15	MO S/L	545	233
43	Power Supply	7/19/13	1,471				1,471	15	MO S/L	114	98
44	QuickBooks 2013	12/12/12	1,005				1,005	3	MO S/L	614	335
45	Lennox A/C Unit	6/23/14	7,168				7,168	20	MO S/L	90	358
46	Power Supply (less credit rec)	7/09/14	1,474				1,474	15	MO S/L	25	98
47	Audition CS6 Software	8/21/14	1,788				1,788	3	MO S/L	50	596
48	Audio Vault Software	12/01/13	1,299				1,299	3	MO S/L	361	433
49	Four Seasons Furniture	7/14/14	1,200				1,200	7	MO S/L	43	171
50	Broadcast Electronics	12/16/14	1,474		X		1,474	15	MO S/L	0	74
51	Audio Vault Software	12/01/14	1,299				1,299	3	MO S/L	0	361
52	Buffalo TeraStation 3400-NAS	7/16/15	1,310				1,310	3	MO S/L	0	73
Total Other Depreciation			439,175				439,175			345,290	12,858
Total ACRS and Other Depreciation			439,175				439,175			345,290	12,858
Grand Totals			439,175				439,175			345,290	12,858
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			439,175				439,175			345,290	12,858

MO Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MO Prior	MO Current	Federal Current	Difference Fed - MO
Other Depreciation:								
1	Improvements	6/01/90	3,931	3,931	3,931	0	0	0
2	Ashlock	5/01/90	1,264	1,264	1,264	0	0	0
3	Built In Shelves	5/01/90	2,200	2,200	2,200	0	0	0
4	Newsroom	9/30/04	8,956	8,956	4,786	448	448	0
5	HVAC	8/01/07	3,199	3,199	2,346	320	320	0
6	Towner Comm	7/17/00	5,012	5,012	3,759	250	250	0
7	Towner Comm	8/26/04	818	818	818	0	0	0
8	Other	9/30/08	747	747	747	0	0	0
9	Smarts 2n Gen Office SW	3/20/07	3,500	3,500	3,500	0	0	0
10	Traffic Sw W/Training	12/11/09	651	651	651	0	0	0
11	Harris/PRE Impulse 99-1060	7/14/01	7,169	7,169	7,169	0	0	0
12	Microphone processors 2	7/14/01	570	570	570	0	0	0
13	CD player marantz 2	7/14/01	621	621	621	0	0	0
14	Headphone amplifier	7/14/01	329	329	329	0	0	0
15	Cabinetry	7/14/01	3,731	3,731	3,731	0	0	0
16	Antenna roof mount	9/27/01	407	407	407	0	0	0
17	Audio vault express	12/28/01	16,979	16,979	16,979	0	0	0
18	Production Equip Prior to 1992	9/30/92	22,125	22,125	22,125	0	0	0
19	Production Equipment	10/16/03	4,421	4,421	4,421	0	0	0
20	Production Equipment	10/16/03	4,847	4,847	4,847	0	0	0
21	Computer Equip Prior to 2004	9/30/04	15,097	15,097	15,097	0	0	0
22	Acer Aspire	3/26/07	681	681	681	0	0	0
23	Computer Equipment	8/31/07	5,543	5,543	5,543	0	0	0
24	Computer Equip	9/30/08	1,233	1,233	1,233	0	0	0
25	Broadcast Equipment Prior to 2004	9/30/04	38,090	38,090	38,090	0	0	0
26	Broadcast Equipment	9/30/08	2,279	2,279	2,279	0	0	0
27	Transmitter Equipment Prior to 1995	9/30/95	131,542	131,542	131,542	0	0	0
28	Transmitter at Paquin	1/01/96	2,309	2,309	2,309	0	0	0
29	Exciter	10/27/03	2,545	2,545	1,781	170	170	0
30	Transmit	10/24/03	725	725	507	49	49	0
31	Moseley	5/26/04	4,000	4,000	2,800	267	267	0
32	Transmit	6/29/04	2,520	2,520	1,764	168	168	0
33	St Louis Transmit	10/29/05	928	928	588	62	62	0
34	Remodel of Transmitter	8/31/07	6,851	6,851	3,235	457	457	0
35	Roof Installation	9/30/07	80,583	80,583	37,605	5,372	5,372	0
36	New Transmitt	8/31/07	4,403	4,403	2,055	293	293	0
37	HVAC for Transmitter	8/31/07	19,535	19,535	9,225	1,302	1,302	0
38	Acer PC for Air Room	1/03/12	398	398	219	80	80	0
39	5 CD Players (TASCAM CD-500B)	9/18/12	2,775	2,775	1,110	555	555	0
40	Sage Alerting Systems 3644 Digital CAP El	6/05/12	2,245	2,245	349	150	150	0
41	Acer PC for Office (w/ keyboard & mouse)	1/03/12	427	427	235	85	85	0
42	Network Installation - Ozark Digital Data	6/01/12	3,501	3,501	545	233	233	0
43	Power Supply	7/19/13	1,471	1,471	114	98	98	0
44	QuickBooks 2013	12/12/12	1,005	1,005	614	335	335	0
45	Lennox A/C Unit	6/23/14	7,168	7,168	90	358	358	0
46	Power Supply (less credit rec)	7/09/14	1,474	1,474	25	98	98	0
47	Audition CS6 Software	8/21/14	1,788	1,788	50	596	596	0
48	Audio Vault Software	12/01/13	1,299	1,299	361	433	433	0
49	Four Seasons Furniture	7/14/14	1,200	1,200	43	171	171	0
50	Broadcast Electronics	12/16/14	1,474	1,474	0	74	74	0
51	Audio Vault Software	12/01/14	1,299	1,299	0	361	361	0
52	Buffalo TeraStation 3400-NAS	7/16/15	1,310	1,310	0	73	73	0
Total Other Depreciation			<u>439,175</u>	<u>439,175</u>	<u>345,290</u>	<u>12,858</u>	<u>12,858</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>439,175</u>	<u>439,175</u>	<u>345,290</u>	<u>12,858</u>	<u>12,858</u>	<u>0</u>
Grand Totals			439,175	439,175	345,290	12,858	12,858	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>439,175</u>	<u>439,175</u>	<u>345,290</u>	<u>12,858</u>	<u>12,858</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Improvements	6/01/90	3,931				3,931	20	MO S/L	3,931	0
2	Ashlock	5/01/90	1,264				1,264	20	MO S/L	1,264	0
3	Built In Shelves	5/01/90	2,200				2,200	20	MO S/L	2,200	0
4	Newsroom	9/30/04	8,956				8,956	20	MO S/L	4,786	448
5	HVAC	8/01/07	3,199				3,199	10	MO S/L	2,346	320
6	Towner Comm	7/17/00	5,012				5,012	20	MO S/L	3,759	250
7	Towner Comm	8/26/04	818				818	7	MO S/L	818	0
8	Other	9/30/08	747				747	7	MO S/L	747	0
9	Smarts 2n Gen Office SW	3/20/07	0				0	0	HY	0	0
10	Traffic Sw W/Training	12/11/09	0				0	0	HY	0	0
11	Harris/PRE Impulse 99-1060	7/14/01	7,169				7,169	5	MO S/L	7,169	0
12	Microphone processors 2	7/14/01	570				570	5	MO S/L	570	0
13	CD player marantz 2	7/14/01	621				621	5	MO S/L	621	0
14	Headphone amplifier	7/14/01	329				329	5	MO S/L	329	0
15	Cabinetry	7/14/01	3,731				3,731	5	MO S/L	3,731	0
16	Antenna roof mount	9/27/01	407				407	5	MO S/L	407	0
17	Audio vault express	12/28/01	16,979				16,979	5	MO S/L	16,979	0
18	Production Equip Prior to 1992	9/30/92	22,125				22,125	10	MO S/L	22,125	0
19	Production Equipment	10/16/03	4,421				4,421	5	MO S/L	4,421	0
20	Production Equipment	10/16/03	4,847				4,847	10	MO S/L	4,847	0
21	Computer Equip Prior to 2004	9/30/04	15,097				15,097	5	MO S/L	15,097	0
22	Acer Aspire	3/26/07	681				681	3	MO S/L	681	0
23	Computer Equipment	8/31/07	5,543				5,543	5	MO S/L	5,543	0
24	Computer Equip	9/30/08	1,233				1,233	5	MO S/L	1,233	0
25	Broadcast Equipment Prior to 2004	9/30/04	38,090				38,090	5	MO S/L	38,090	0
26	Broadcast Equipment	9/30/08	2,279				2,279	5	MO S/L	2,279	0
27	Transmitter Equipment Prior to 1995	9/30/95	131,542				131,542	15	MO S/L	131,542	0
28	Transmitter at Paquin	1/01/96	2,309				2,309	15	MO S/L	2,309	0
29	Exciter	10/27/03	2,545				2,545	15	MO S/L	1,781	170
30	Transmit	10/24/03	725				725	15	MO S/L	507	49
31	Moseley	5/26/04	4,000				4,000	15	MO S/L	2,800	267
32	Transmit	6/29/04	2,520				2,520	15	MO S/L	1,764	168
33	St Louis Transmit	10/29/05	928				928	15	MO S/L	588	62
34	Remodel of Transmitter	8/31/07	0				0	0	HY	0	0
35	Roof Installation	9/30/07	80,583				80,583	15	MO S/L	37,605	5,372
36	New Transmitt	8/31/07	4,403				4,403	15	MO S/L	2,055	293
37	HVAC for Transmitter	8/31/07	19,535				19,535	15	MO S/L	9,225	1,302
38	Acer PC for Air Room	1/03/12	398				398	5	MO S/L	219	80
39	5 CD Players (TASCAM CD-500B)	9/18/12	2,775				2,775	5	MO S/L	1,110	555
40	Sage Alerting Systems 3644 Digital CAP El	6/05/12	2,245				2,245	15	MO S/L	349	150
41	Acer PC for Office (w/ keyboard & mouse)	1/03/12	427				427	5	MO S/L	235	85
42	Network Installation - Ozark Digital Data	6/01/12	3,501				3,501	15	MO S/L	545	233
43	Power Supply	7/19/13	0				0	0	HY	0	0
44	QuickBooks 2013	12/12/12	0				0	0	HY	0	0
45	Lennox A/C Unit	6/23/14	0				0	0	HY	0	0
46	Power Supply (less credit rec)	7/09/14	0				0	0	HY	0	0
47	Audition CS6 Software	8/21/14	0				0	0	HY	0	0
48	Audio Vault Software	12/01/13	0				0	0	HY	0	0
49	Four Seasons Furniture	7/14/14	0				0	0	HY	0	0
50	Broadcast Electronics	12/16/14	1,474		X		1,474	15	MO S/L	0	74
51	Audio Vault Software	12/01/14	1,299				1,299	3	MO S/L	0	361
52	Buffalo TeraStation 3400-NAS	7/16/15	1,310				1,310	3	MO S/L	0	73
Total Other Depreciation			412,768				412,768			336,607	10,312
Total ACRS and Other Depreciation			412,768				412,768			336,607	10,312
Grand Totals			412,768				412,768			336,607	10,312
Less: Dispositions and Transfers			0				0			0	0
Net Grand Totals			412,768				412,768			336,607	10,312

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
50	Broadcast Electronics	12/16/14	1,474		0	0	0	1,474
		Form 990, Page 1	<u>1,474</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1,474</u>
		Grand Total	<u>1,474</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1,474</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Improvements	6/01/90	3,931	0	0
2	Ashlock	5/01/90	1,264	0	0
3	Built In Shelves	5/01/90	2,200	0	0
4	Newsroom	9/30/04	8,956	448	448
5	HVAC	8/01/07	3,199	320	320
6	Towner Comm	7/17/00	5,012	251	251
7	Towner Comm	8/26/04	818	0	0
8	Other	9/30/08	747	0	0
9	Smarts 2n Gen Office SW	3/20/07	3,500	0	0
10	Traffic Sw W/Training	12/11/09	651	0	0
11	Harris/PRE Impulse 99-1060	7/14/01	7,169	0	0
12	Microphone processors 2	7/14/01	570	0	0
13	CD player marantz 2	7/14/01	621	0	0
14	Headphone amplifier	7/14/01	329	0	0
15	Cabinetry	7/14/01	3,731	0	0
16	Antenna roof mount	9/27/01	407	0	0
17	Audio vault express	12/28/01	16,979	0	0
18	Production Equip Prior to 1992	9/30/92	22,125	0	0
19	Production Equipment	10/16/03	4,421	0	0
20	Production Equipment	10/16/03	4,847	0	0
21	Computer Equip Prior to 2004	9/30/04	15,097	0	0
22	Acer Aspire	3/26/07	681	0	0
23	Computer Equipment	8/31/07	5,543	0	0
24	Computer Equip	9/30/08	1,233	0	0
25	Broadcast Equipment Prior to 2004	9/30/04	38,090	0	0
26	Broadcast Equipment	9/30/08	2,279	0	0
27	Transmitter Equipment Prior to 1995	9/30/95	131,542	0	0
28	Transmitter at Paquin	1/01/96	2,309	0	0
29	Exciter	10/27/03	2,545	169	169
30	Transmit	10/24/03	725	48	48
31	Moseley	5/26/04	4,000	266	266
32	Transmit	6/29/04	2,520	168	168
33	St Louis Transmit	10/29/05	928	62	62
34	Remodel of Transmitter	8/31/07	6,851	456	0
35	Roof Installation	9/30/07	80,583	5,373	5,373
36	New Transmitt	8/31/07	4,403	294	294
37	HVAC for Transmitter	8/31/07	19,535	1,302	1,302
38	Acer PC for Air Room	1/03/12	398	79	79
39	5 CD Players (TASCAM CD-500B)	9/18/12	2,775	555	555
40	Sage Alerting Systems 3644 Digital CAP ENDE	6/05/12	2,245	150	150
41	Acer PC for Office (w/ keyboard & mouse)	1/03/12	427	86	86
42	Network Installation - Ozark Digital Data	6/01/12	3,501	233	233
43	Power Supply	7/19/13	1,471	99	0
44	QuickBooks 2013	12/12/12	1,005	56	0
45	Lennox A/C Unit	6/23/14	7,168	358	0
46	Power Supply (less credit rec)	7/09/14	1,474	98	0
47	Audition CS6 Software	8/21/14	1,788	596	0
48	Audio Vault Software	12/01/13	1,299	433	0
49	Four Seasons Furniture	7/14/14	1,200	172	0
50	Broadcast Electronics	12/16/14	1,474	98	98
51	Audio Vault Software	12/01/14	1,299	433	433
52	Buffalo TeraStation 3400-NAS	7/16/15	1,310	437	437
Total Other Depreciation			<u>439,175</u>	<u>13,040</u>	<u>10,772</u>
Total ACRS and Other Depreciation			<u>439,175</u>	<u>13,040</u>	<u>10,772</u>
Grand Totals			<u>439,175</u>	<u>13,040</u>	<u>10,772</u>

Asset	Description	Date In Service	Cost	MO
Other Depreciation:				
1	Improvements	6/01/90	3,931	0
2	Ashlock	5/01/90	1,264	0
3	Built In Shelves	5/01/90	2,200	0
4	Newsroom	9/30/04	8,956	448
5	HVAC	8/01/07	3,199	320
6	Towner Comm	7/17/00	5,012	251
7	Towner Comm	8/26/04	818	0
8	Other	9/30/08	747	0
9	Smarts 2n Gen Office SW	3/20/07	3,500	0
10	Traffic Sw W/Training	12/11/09	651	0
11	Harris/PRE Impulse 99-1060	7/14/01	7,169	0
12	Microphone processors 2	7/14/01	570	0
13	CD player marantz 2	7/14/01	621	0
14	Headphone amplifier	7/14/01	329	0
15	Cabinetry	7/14/01	3,731	0
16	Antenna roof mount	9/27/01	407	0
17	Audio vault express	12/28/01	16,979	0
18	Production Equip Prior to 1992	9/30/92	22,125	0
19	Production Equipment	10/16/03	4,421	0
20	Production Equipment	10/16/03	4,847	0
21	Computer Equip Prior to 2004	9/30/04	15,097	0
22	Acer Aspire	3/26/07	681	0
23	Computer Equipment	8/31/07	5,543	0
24	Computer Equip	9/30/08	1,233	0
25	Broadcast Equipment Prior to 2004	9/30/04	38,090	0
26	Broadcast Equipment	9/30/08	2,279	0
27	Transmitter Equipment Prior to 1995	9/30/95	131,542	0
28	Transmitter at Paquin	1/01/96	2,309	0
29	Exciter	10/27/03	2,545	169
30	Transmit	10/24/03	725	48
31	Moseley	5/26/04	4,000	266
32	Transmit	6/29/04	2,520	168
33	St Louis Transmit	10/29/05	928	62
34	Remodel of Transmitter	8/31/07	6,851	456
35	Roof Installation	9/30/07	80,583	5,373
36	New Transmitt	8/31/07	4,403	294
37	HVAC for Transmitter	8/31/07	19,535	1,302
38	Acer PC for Air Room	1/03/12	398	79
39	5 CD Players (TASCAM CD-500B)	9/18/12	2,775	555
40	Sage Alerting Systems 3644 Digital CAP ENDE	6/05/12	2,245	150
41	Acer PC for Office (w/ keyboard & mouse)	1/03/12	427	86
42	Network Installation - Ozark Digital Data	6/01/12	3,501	233
43	Power Supply	7/19/13	1,471	99
44	QuickBooks 2013	12/12/12	1,005	56
45	Lennox A/C Unit	6/23/14	7,168	358
46	Power Supply (less credit rec)	7/09/14	1,474	98
47	Audition CS6 Software	8/21/14	1,788	596
48	Audio Vault Software	12/01/13	1,299	433
49	Four Seasons Furniture	7/14/14	1,200	172
50	Broadcast Electronics	12/16/14	1,474	98
51	Audio Vault Software	12/01/14	1,299	433
52	Buffalo TeraStation 3400-NAS	7/16/15	1,310	437
	Total Other Depreciation		<u>439,175</u>	<u>13,040</u>
	Total ACRS and Other Depreciation		<u>439,175</u>	<u>13,040</u>
	Grand Totals		<u>439,175</u>	<u>13,040</u>

Officer Information

General Information

Name: David Owens
 David Owens
 SSN:
 Address 110 Hubbell Drive
 City, state zip code: Columbia, MO 65201
 Foreign country:
 Foreign state or province:

Other Information

Position Trustee/Director
 Former? No
 Title General Manager
 Officer Type Individual
 Use Org Addr? Yes

Hours per Week

Organization: 40.00
 Related:

Compensation

Base: 32,348
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: 10,675
 Management & general: 15,203
 Fundraising: 6,470

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: 10,675
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: John Betz
John Betz
SSN:
Address 2003 S Deerborn Circle
City, state zip code: Columbia, MO 65203
Foreign country:
Foreign state or province:

Other Information

Position Trustee/Director
Former? No
Title Board Member
Officer Type Individual
Use Org Addr? Yes

Hours per Week

Organization: 1.00
Related:

Compensation

Base: _____
Bonus/Incentive: _____
Other: _____
Retirement/Deferred benefits: _____
Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
Prior Year: _____

Organization

Related

Severance: _____
Nonqualified plan: _____
Equity based: _____
Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
Management & general: _____
Fundraising: _____

Income Allocation

Net investment: _____
Adjusted net: _____
Charitable purpose: _____

Program Service Accomplishments

First: _____
Second: _____
Third: _____
Other: _____

Officer Information

General Information

Name: Ellen Schlie
 SSN: _____
 Address: 4205 Defoe Dr
 City, state zip code: Columbia, MO 65203
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: Trustee/Director and Officer
 Former? No
 Title: Vice-President
 Officer Type: Individual
 Use Org Addr? Yes

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization**Related****Other**

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization**Related**

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: Heather O'Connor
 SSN: _____
 Address: 2246 Concordia Dr
 City, state zip code: Columbia, MO 65203
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: Trustee/Director and Officer
 Former? No
 Title: Secretary
 Officer Type: Individual
 Use Org Addr? Yes

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: Dan Hemmelgarn
 SSN:
 Address: 412 Tilly Ave
 City, state zip code: Columbia, MO 65203
 Foreign country:
 Foreign state or province:

Other Information

Position: Trustee/Director and Officer
 Former? No
 Title: President
 Officer Type: Individual
 Use Org Addr? Yes

Hours per Week

Organization: 1.00
 Related:

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: William Dellinger
 SSN: _____
 Address: 3250 E Winn Rd
 City, state zip code: Sturgeon, MO 65284
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: Trustee/Director and Officer
 Former? No
 Title: Treasurer
 Officer Type: Individual
 Use Org Addr? Yes

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: Connie Hyman
 SSN: _____
 Address: 108 Haywood Ct
 City, state zip code: Columbia, MO 65203
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: _____
 Former? No
 Title: _____
 Officer Type: _____
 Use Org Addr? Yes

Trustee/Director
 Board Member
 Individual

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization**Related****Other**

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization**Related**

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: Laird Okie
SSN:
Address: 2011 Ammonette St
City, state zip code: Columbia, MO 65201
Foreign country:
Foreign state or province:

Other Information

Position: _____
Former? _____
Title: _____
Officer Type: _____
Use Org Addr? _____
Trustee/Director: _____
No
Board Member
Individual
Yes

Hours per Week

Organization: _____
Related: _____
1.00

Compensation

Base: _____
Bonus/Incentive: _____
Other: _____
Retirement/Deferred benefits: _____
Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
Prior Year: _____

Organization

Related

Severance: _____
Nonqualified plan: _____
Equity based: _____
Received comp from unrelated? _____
No

Functional Expense Allocation

Program service: _____
Management & general: _____
Fundraising: _____

Income Allocation

Net investment: _____
Adjusted net: _____
Charitable purpose: _____

Program Service Accomplishments

First: _____
Second: _____
Third: _____
Other: _____

Officer Information

General Information

Name: Gail Plemmons
 SSN: _____
 Address: 17 Aldeah Ave
 City, state zip code: Columbia, MO 65203
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: Trustee/Director
 Former? No
 Title: Board Member
 Officer Type: Individual
 Use Org Addr? Yes

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: Tao Weilundemo
 SSN: _____
 Address: 2102 Ammonette St
 City, state zip code: Columbia, MO 65201
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: _____
 Former? No
 Title: _____
 Officer Type: _____
 Use Org Addr? Yes

Trustee/Director
 Board Member
 Individual

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Officer Information

General Information

Name: Curt Wohleber
 SSN: _____
 Address: 901 College Park Dr
 City, state zip code: Columbia, MO 65203
 Foreign country: _____
 Foreign state or province: _____

Other Information

Position: Trustee/Director
 Former? No
 Title: Board Member
 Officer Type: Individual
 Use Org Addr? Yes

Hours per Week

Organization: _____
 Related: 1.00

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule K

Time devoted to business: _____
 Compensation attributable to unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? _____

No

Functional Expense Allocation

Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____

Two Year Comparison Report

Form **990****2013 & 2014**

For calendar year 2014, or tax year beginning 10/01/14, ending 09/30/15

Name

Taxpayer Identification Number

New Wave Corporation

43-1026021

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	1. 257,655	208,035	-49,620
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 27,032	13,395	-13,637
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 110	205	95
	12. Total revenue. Add lines 1 through 11	12. 284,797	221,635	-63,162
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 35,289	32,348	-2,941
	16. Salaries, other compensation, and employee benefits	16. 71,732	72,277	545
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 6,891	7,211	320
	19. Occupancy, rent, utilities, and maintenance	19. 29,219	29,575	356
	20. Depreciation and Depletion	20. 11,368	12,858	1,490
	21. Other expenses	21. 107,891	95,985	-11,906
	22. Total expenses. Add lines 13 through 21	22. 262,390	250,254	-12,136
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 22,407	-28,619	-51,026
Other Information	24. Total exempt revenue	24. 284,797	221,635	-63,162
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 27,142	13,600	-13,542
	27. Total assets	27. 113,612	98,884	-14,728
	28. Total liabilities	28. 17,813	31,704	13,891
	29. Retained earnings	29. 95,799	67,180	-28,619
	30. Number of voting members of governing body	30. 11	10	
31. Number of independent voting members of governing body	31. 11	10		
32. Number of employees	32. 5	5		
33. Number of volunteers	33. 116	120		

Form 990T	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning <u>10/01/14</u> , ending <u>09/30/15</u>		

Name New Wave Corporation Taxpayer Identification Number 43-1026021

		2013	2014	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000		-1,000
	27. Unrelated business taxable income.	27.	-1,000		1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form 990	Tax Return History	2014
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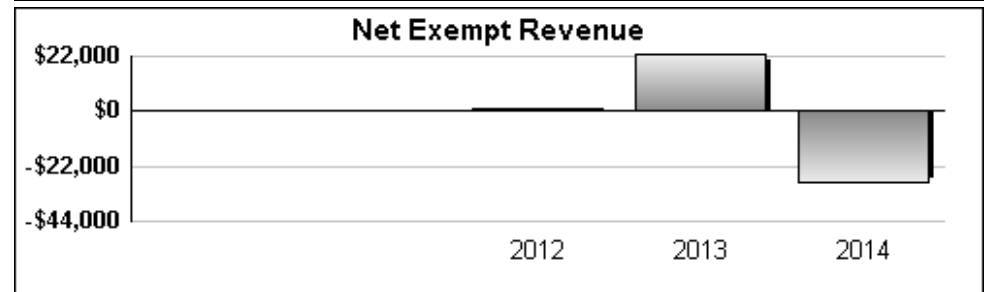
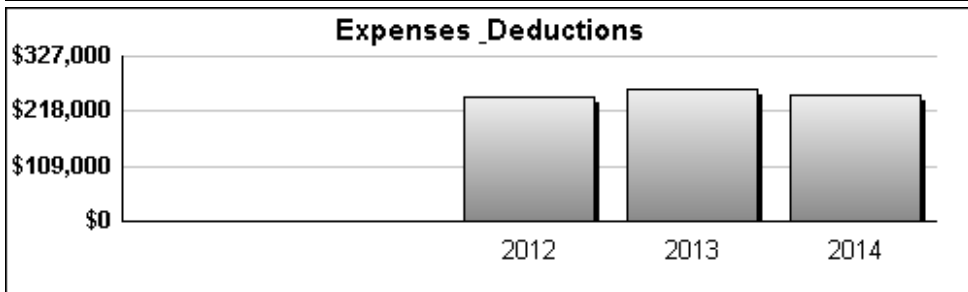
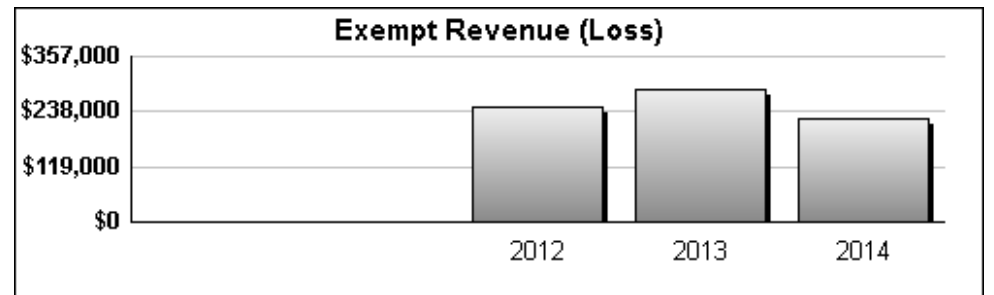
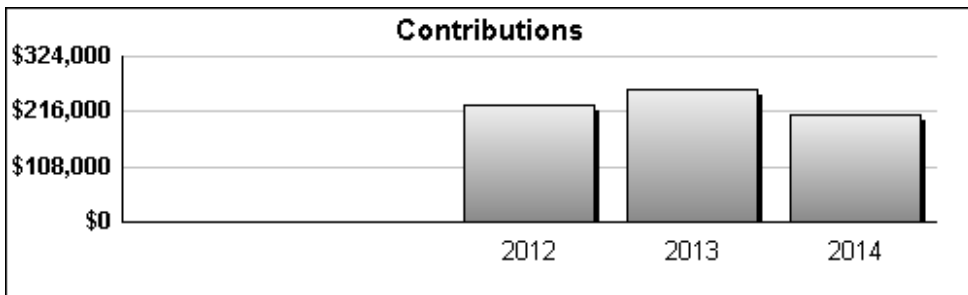
Name New Wave Corporation	Employer Identification Number 43-1026021
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			228,793	257,655	208,035	
Membership dues						
Program service revenue			19,525	27,032	13,395	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			307	110	205	
Total revenue			248,625	284,797	221,635	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			35,289	35,289	32,348	
Other compensation			69,536	71,732	72,277	
Professional fees				6,891	7,211	
Occupancy costs			29,511	29,219	29,575	
Depreciation and depletion			11,482	11,368	12,858	
Other expenses			101,952	107,891	95,985	
Total expenses			247,770	262,390	250,254	
Excess or (Deficit)			855	22,407	-28,619	
Total exempt revenue			248,625	284,797	221,635	
Total unrelated revenue						
Total excludable revenue			248,625	27,142	13,600	
Total Assets			104,081	113,612	98,884	
Total Liabilities			30,689	17,813	31,704	
Net Fund Balances			73,392	95,799	67,180	

Form 990T	Tax Return History	2014
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Name New Wave Corporation	Employer Identification Number 43-1026021
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	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

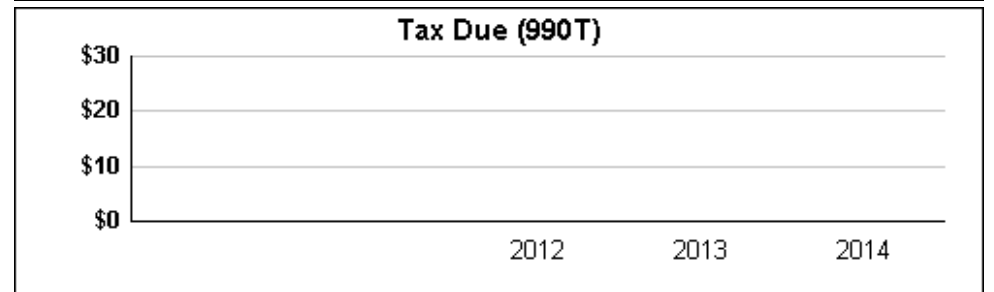
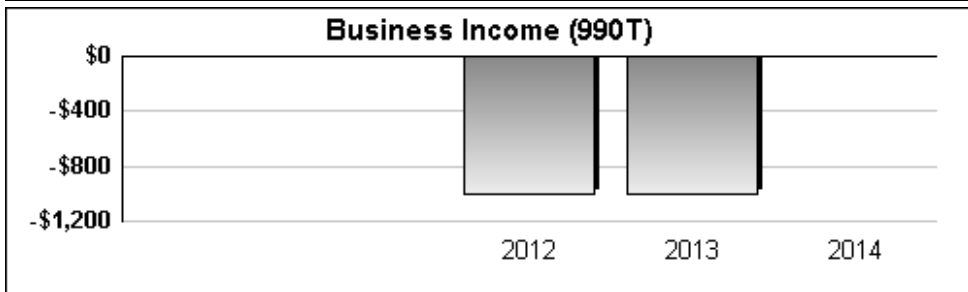
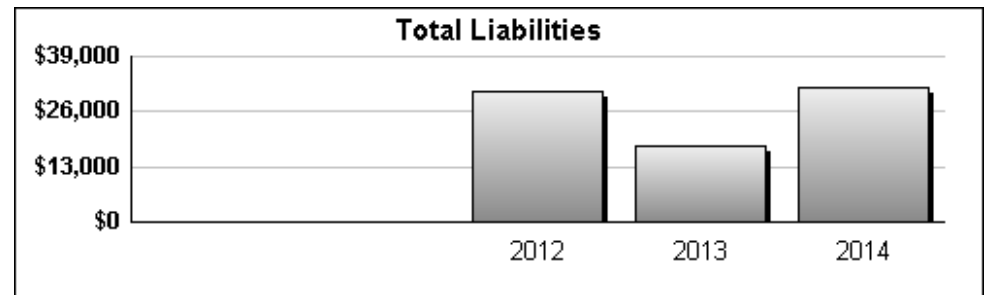
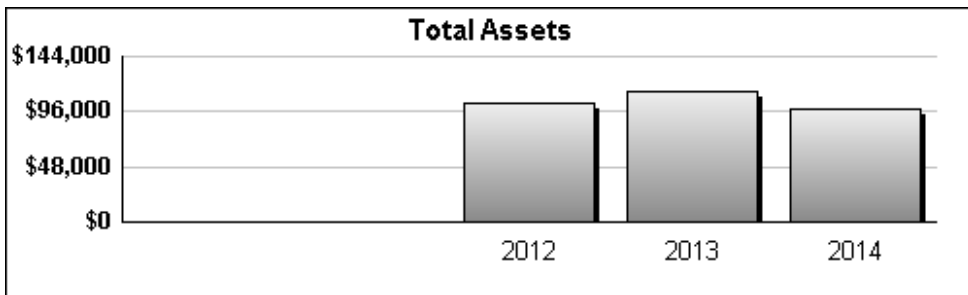


Form 990T	Tax Return History	2014
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Name New Wave Corporation	Employer Identification Number 43-1026021
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	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Dues and Subscriptions	\$ 6,401	\$ 768	\$ 4,161	\$ 1,472
Uncollectible pledges	5,204			5,204
Fundraising	4,156			4,156
Bank Fees	4,152		4,152	
Equipment Rental	2,961	987	987	987
Broadcast and Productions	1,988	1,988		
Production Supplies	586	586		
Internet Charges	397	397		
Engineering Supplies	344	344		
Repairs	330	330		
Total	<u>\$ 26,519</u>	<u>\$ 5,400</u>	<u>\$ 9,300</u>	<u>\$ 11,819</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Pledges	\$ 112,513
Contributions	20,122
Corporation for Public Broadcasting Cash Contribution	71,273
State of MO Missouri Arts Council Cash Contribution	4,127
Total	<u>\$ 208,035</u>

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
Underwriting	\$ 13,395
Misc	205
Total	<u>\$ 13,600</u>