# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	or the	2022 calendar year, or tax year beginning JU	L 1, 2022 and	ending J	UN 30, 2023			
В	Check if pplicable	C Name of organization			D Employer ide	ntific	ation number	
Х	Addres	CASCADE PUBLIC MEDIA						
F	Name change	MCTGQ MCTGQ ORG	CROSSCUT, CROSSCUT.CO	M	91-12218	95		
F	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number			
F	 ∏Final return/	316 BROADWAY	(206)728-6463					
	termin ated	City or town, state or province, country, and Z	G Gross receipts \$		48,968,235.			
	Ameno	SERTIDE, WA JOIZZ			H(a) Is this a grou			
	Applic tion	F Name and address of principal officer, Nobbar	T I. DUNLOP				Yes X No	
	pendir	SAME AS C ABOVE			H(b) Are all subordina	tes inc	luded? Yes No	
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attac	ch a l	ist. See instructions	
	Nebsit			To: Out	H(c) Group exem	_		
		organization, [ ]	ociation Other	L Year	of formation; 1983	M	State of legal domicile: WA	
Pa	art i	Summary						
a)	1	Briefly describe the organization's mission or most s	significant activities: CASCAD	E PUBLIC	MEDIA IS A			
Governance		NONPROFIT MEDIA ORGANIZATION SERVING W					<del> </del>	
žI.	I -	-	tinued its operations or dispos		The state of the s		ets. 21	
Š		Number of voting members of the governing body (				3	21	
<b>∞</b>		Number of independent voting members of the gove				5	182	
Activities &		Total number of individuals employed in calendar ye				6	119	
iķi		Total number of volunteers (estimate if necessary)				7a	964,984.	
Act		Total unrelated business revenue from Part VIII, cold Net unrelated business taxable income from Form 9				7b	619,630.	
-	ь	Net unrelated business taxable income from Form 9	90-1, Part I, IIIIe 11		Prior Year	7.5	Current Year	
e		Contributions and grants (Dart VIII line 1b)			33,590,0	36.	33,732,431.	
				4.10000	52,00	$\overline{}$	40,113.	
Revenue		Investment income (Part VIII, Inite 29)	and 7d)	NOVIGNO E	3,409,7	$\rightarrow$	1,438,902.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		W3.500 W310 W1	4,635,39	_	3,341,121.	
		Total revenue - add lines 8 through 11 (must equal F	V2225002255	41,687,19	_	38,552,567.		
_		Grants and similar amounts paid (Part IX, column (A			3,50	00.	4,500.	
		Benefits paid to or for members (Part IX, column (A)				0.	0.	
	45	Salaries, other compensation, employee benefits (P.		11,802,1	79.	12,851,931.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			872,28	37.	906,584.	
ben	b	Total fundraising expenses (Part IX, column (D), line	200 00 00000000000000000000000000000000			a Xer		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,			11,046,20	02.	13,010,272.	
		Total expenses. Add lines 13-17 (must equal Part IX			23,724,1	58.	26,773,287.	
		Revenue less expenses. Subtract line 18 from line 1			17,963,0	30.	11,779,280.	
sts or				Ве	ginning of Current Y	$\overline{}$	End of Year	
sets	20	Total assets (Part X, line 16)			91,324,6	54.	108,295,458.	
Asset A Bala	21	Total liabilities (Part X, line 26)			22,863,9	$\rightarrow$	25,326,899	
		Net assets or fund balances. Subtract line 21 from I	ine 20		68,460,7	47.	82,968,559.	
		Signature Block				_		
Und	er pena	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and stateme	ents, and to the best o	of my	knowledge and belief, it is	
true	correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of w	hich preparer	has any knowledge.	1 1	07 LF	
		Simply of the contract of the c			Date	10	-03-1	
Sig		Signature of officer	n.		Date			
Her	е	EMILY KRAGH, VP & CHIEF FINANCE OFFICE Type or print name and title	K					
-			December of sections		Date Chec	k T	PTIN	
ъ.		· ····································	Preparer's signature ÆGAN R. RYAN		0.444.404 If	_		
Paid			IDUAN R. KIMN		Firm's EIN	emplaye c	31-1194016	
_	Darer	Firm's name CLARK NUBER, PS Firm's address 10900 NE 4TH STREET, SUITE	1400		LEIGH S EIN			
usė	Only	BELLEVUE, WA 98004	2200		Phone no	425-	-454-4919	
Man	the IE	S discuss this return with the preparer shown above	e? See instructions	· OTOLOGICO CONTRA	I HOHE HO.	MOSSO >	. X Yes No	

Form	990 (2022) CASCADE PUBLIC MEDIA	91-1221895	Page 2
Pai	t III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	OUR MISSION AT CASCADE PUBLIC MEDIA IS TO INFORM AND INSPIRE OUR		
	COMMUNITY TO MAKE THE WORLD A BETTER PLACE. AS A NONPROFIT MEDIA		
	ORGANIZATION, WE HELP EXPAND COMMUNITY PARTICIPATION THROUGH OUR PBS		
	MEMBER STATION KCTS 9, OUR STREAMING/OTT APPS, OUR DIGITAL NEWS SITE		
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	X 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	X 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 m	easured 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, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$11,287,547. including grants of \$4,500. ) (Revenue	:\$4	0,113.
	PROGRAMMING AND CONTENT CREATION		
	CASCADE PUBLIC MEDIA PRODUCES, ACQUIRES AND SCHEDULES PROGRAMS AND		
	LOCAL STORIES IN SERVICE OF OUR MISSION TO INFORM AND INSPIRE OUR		
	COMMUNITY TO MAKE THE WORLD A BETTER PLACE. EACH YEAR, MORE THAN 3		
	MILLION VIEWERS - BOTH ON-AIR AND ONLINE - TRUST KCTS 9 TO PROVIDE THE		
	WIDEST VARIETY OF PROGRAMS THAT ENTERTAIN, EDUCATE AND ALLOW VIEWERS TO		
	CONSIDER A WIDE VARIETY OF PERSPECTIVES. ADDITIONALLY, WITH		
	APPROXIMATELY 2 MILLION YEARLY WEBSITE VISITORS, CROSSCUT SERVES THE		
	PUBLIC WITH DEEPLY REPORTED LOCAL JOURNALISM.		
	4.545.000		
4b	(Code:) (Expenses \$	\$	)
	PROGRAM INFORMATION AND PROMOTION		
	CASCADE PUBLIC MEDIA PROVIDES UPDATES AND ANNOUNCEMENTS ABOUT OUR LOCAL		
	NEWS, PROGRAMMING, AND EVENTS THROUGH MANY COMMUNICATION CHANNELS INCLUDING ON-AIR, E-MAIL, SOCIAL MEDIA, EVENT LISTINGS, COMMUNITY		
	PARTNERSHIPS AND WEBSITE POSTINGS. ALL OF THESE OUTREACH ACTIVITIES ARE		
	INTENDED TO DEEPEN THE IMPACT OF OUR PROGRAMS AND INITIATIVES.		
	THE MADE TO BELLEN THE IMPACT OF OUR PRODUCED THE INTERPRETATION.		
4c	(Code: ) (Expenses \$ 2,105,440. including grants of \$ ) (Revenue		)
	BROADCAST		
	AS A PBS MEMBER STATION, CASCADE PUBLIC MEDIA OFFERS 24/7 BROADCAST		
	SERVICES, UNINTERRUPTED BY COMMERCIALS. VIEWERS TUNE INTO FOUR FREE,		
	OVER-THE-AIR PROGRAM CHANNELS - KCTS 9: THE BEST OF PUBLIC TELEVISION		
	PROGRAMMING; CREATE: HIGH-QUALITY HOW-TO AND LIFESTYLE PROGRAMMING;		
	WORLD: THE BEST OF PUBLIC TELEVISION'S NON-FICTION, NEWS, SCIENCE AND		
	DOCUMENTARY PROGRAMMING; AND KCTS 9 PBS KIDS: COMMITTED TO MAKING A		
	POSITIVE IMPACT OF THE LIVES OF CHILDREN THROUGH CURRICULUM-BASED		
	ENTERTAINMENT.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 17,938,385.		200
		Form	<b>990</b> (2022)

91-1221895

# Form 990 (2022) CASCADE PUBLIC MEDIA 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	1_	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for					
	public office? If "Yes," complete Schedule C, Part I	3		X		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect					
	during the tax year? If "Yes," complete Schedule C, Part II	4	X			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or					
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X		
8	, , , , , , , , , , , , , , , , , , , ,					
•	Schedule D, Part III	8		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?			x		
40	If "Yes," complete Schedule D, Part IV	9				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Α			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,					
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
а	, · · · · · · · · · · · · · · · · · · ·	444	х			
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 21			
b		11b		x		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<del> </del>		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x		
Ч	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	110				
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0				
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a		x		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?					
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х		
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	14b	Х			
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	15		Х		
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	16		Х		
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	17	Х			
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	18	Х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					
	complete Schedule G, Part III	19		Х		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
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	21		Х		

Form 990 (2022)

CASCADE PUBLIC MEDIA

Part IV Checklist of Required Schedules (continued) CASCADE PUBLIC MEDIA 91-1221895 Page 4

			Yes	No
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	22		Х
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	23	Х	
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	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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	25a		Х
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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	l		
	"Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
2F.c	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0,		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	- 55	1.10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	$\dashv$		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		

Form 990 (2022)

CASCADE PUBLIC MEDIA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 91-1221895

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 182			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.	х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes " enter the name of the foreign country CANADA  CANADA	4a	Λ	
D	The feet are mane of the feetight country			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the an acceptance and a distribution to a depart depart depart of the acceptance	9b		
10	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand  Did the expeniestion vession any payments for indeed temping applies during the tay year?	110		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form 990 (2022) CASCADE PUBLIC MEDIA 91-1221895 Page
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 on Schedule O. See instructions.		оорол	00
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	ī		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	Ţ		
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		_ A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	21	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		$\vdash$
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Another's website     Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	EMILY KRAGH - 206-443-6702			

316 BROADWAY, SEATTLE, WA 98122

Form 990 (2022) CASCADE PUBLIC MEDIA 91-1221895 Page **7** 

# 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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>)</b> than o	one	Reportable	Reportable compensation	Estimated
	hours per					s both		compensation		amount of
	week (list any	<b>—</b>	<u> </u>				T	from the	from related organizations	other compensation
	hours for	Individual trustee or director				l e		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	Je J	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Fer			
(1) ROBERT I DUNLOP	50.00									
PRESIDENT/CEO	2.00			Х				471,105.	0.	34,616.
(2) REBECCA JANE FARWELL	50.00									
SENIOR VP/COO	0.00				Х			240,737.	0.	28,233.
(3) KEVIN SEAN COLLIGAN	50.00									
VP OF MEDIA AND INNOVATION	0.00					Х		184,350.	0.	19,475.
(4) KERRY P O'KEEFE	50.00	-							_	
VP OF PHILANTHROPY	0.00				Х			179,724.	0.	16,770.
(5) JABRAN L SOUBEIH	50.00	4							_	
VP ENGINEERING & TECHNOLOGY	0.00					Х		170,063.	0.	24,314.
(6) M DAVID LEE III	50.00									
EXECUTIVE EDITOR	0.00					Х		173,437.	0.	7,028.
(7) CAROLE ANTIONETTE WILLIAMS	50.00									
VP OF HUMAN RESOURCES	0.00		_		_	Х		152,147.	0.	16,212.
(8) EMILY A KRAGH	50.00									
VP & CFO	1.00			Х				142,591.	0.	10,968.
(9) JONAH B FRUCHTER	50.00	1								
DIR. CORP. SPONSORSHIP & BUS. DEV.	0.00					Х		134,973.	0.	17,874.
(10) MICHELL PIHL	50.00	1								
FORMER CHIEF/FINANCE OFFICER	1.00						Х	124,944.	0.	13,151.
(11) BARBARA BENNETT	2.00	1								
CHAIR	0.00	Х		Х				0.	0.	0.
(12) KARLI BAROKAS	2.00	1								
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(13) HOLLY MESROBIAN	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(14) ROBERT MOSER	2.00	1								
TREASURER	0.00	Х		Х				0.	0.	0.
(15) LYNNE VARNER	2.00	1								
PAST CHAIR	0.00	Х	_	_	_	_		0.	0.	0.
(16) LANESHA DEBARDELABEN	2.00	1								
DIRECTOR		Х	_	_				0.	0.	0.
(17) LINH HO	2.00	1								
DIRECTOR	0.00	Х						0.	0.	0.

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Form 990 (2022) CASCADE PUBLIC MEDIA 91-1221895 Page **8** 

Form 990 (2022) CASCADE PUBLE	IC MEDIA								91-122189	5 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Posi		on re than one		Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an fficer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any		Jer an	uau	recto	i / ii uS	iee)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	ution	er	Key employee	est co	ıeı	,		organizations
	line)	Indiv	Insti	Officer	Key 6	High	Former			
(18) MICHAEL HUMPHRIES	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(19) ROB MCKENNA	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(20) SACHA MCLEAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) CHRIS PARKER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) ESSEX PORTER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(23) ANITA RAMASASTRY	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) JOHN SCHOTTLER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(25) MICHAEL SCHUTZLER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) ANDREW SUND	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
1b Subtotal								1,974,071.	0.	188,641.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,974,071.	0.	188,641.

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

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLEGIANCE FUNDRAISING LLC	Description of services	Compensation
PO BOX 9132, FARGO, ND 58106	PRINTING & MAILING SERVICE	933,311.
MEDIA MANAGEMENT LLC		
1100 BELL RD, CHAGRIN FALLS, OH 44022	MASTER CONTROL SERVICES	232,815.
JPC ARCHITECTS LLC, 909 112TH AVE NE,		
SUITE 206, BELLEVUE, WA 98004	ARCHITECT SERVICES	120,604.

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

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Form 990 CASCADE PUBLE	IC MEDIA								91-12218	395
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average Position							Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week	_				yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	Suedi				and related
	below	lual tr	tional		nploy	tcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SONNY WONG	2.00	_	<del>  -</del>		-	-	_			
DIRECTOR	0.00	Х						0.	0.	0.
(28) MONA LEE LOCKE	2.00	^	$\vdash$					0.	0.	0.
DIRECTOR									,	0
(29) TAMMY YOUNG	0.00	Х						0.	0.	0.
	2.00	.,							_	
DIRECTOR	0.00	Х	$\vdash$		$\vdash$			0.	0.	0.
(30) CAROLE TOMKO	2.00	.,								
DIRECTOR	0.00	Х						0.	0.	0.
(31) REBECCA LOVELL	2.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(32) BRENDA ANIBARRO	2.00								_	_
DIRECTOR	0.00	Х	_		_			0.	0.	0.
			$\vdash$							
-	1									
Total to Part VII, Section A, line 1c										
TOTAL TO FAIT VII, SECTION A, III E TO								1	l	

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Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O	contai	ins a r	esponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
<b>ω</b> ω	1 2	Federated campaigns			1a	53,848.				300110110 012 011
anta					1b	17,752,737.				
9		Membership dues Fundraising events			1c	1,181,250.				
fts, r Ai					1d					
ig ig		Government grants (contr			1e	16,350.				
Sin		All other contributions, gifts,		г						
er iti	•	similar amounts not included			1f	14,728,246.				
ĢË	a	Noncash contributions included in		··· -	1g \$	4,059,798.				
Contributions, Gifts, Grants and Other Similar Amounts	•			· ··	· <b>J</b>  +		33,732,431.			
<u> </u>						Business Code				
o l	2 a	PRODUCTION SERVICES				516100	40,113.	40,113.		
Ş	b									
Program Service Revenue	С									
am	d									
Pg.	е									
<u>Ā</u>	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f					40,113.			
	3	Investment income (include	ling d	ividen	ds, intere	est, and				
		other similar amounts)					1,217,544.			1,217,544.
	4	Income from investment of	f tax-	exemp	ot bond p	roceeds				
	5	Royalties					2,873,558.			2,873,558.
				. ,	Real	(ii) Personal				
		Gross rents	6a	16	56,793.	489,064.				
	b	Less: rental expenses	6b		0.	15,753.				
		Rental income or (loss)	6с	16	56,793.	473,311.				
		Net rental income or (loss)					640,104.		473,311.	166,793.
	7 a	Gross amount from sales of			curities	(ii) Other				
		assets other than inventory	7a	9,9	14,741.					
	b	Less: cost or other basis	_	0 (						
nue		and sales expenses	-		93,383.					
Revenue		Gain or (loss)	7c		21,358.		221,358.			221,358.
ž.		Net gain or (loss)					221,330.			221,330.
ther	8 а	Gross income from fundraisir including \$ 1,1	-							
١		contributions reported on								
		Part IV, line 18		,	- 1	52,714.				
	b				۱					
		Net income or (loss) from					-653,818.			-653,818.
		Gross income from gamin								
		Part IV, line 19								
	b				١					
	С	Net income or (loss) from	gamir	ng acti	vities					
	10 a	Gross sales of inventory, I	ess re	eturns						
		and allowances			10a	1				
	b	Less: cost of goods sold			10k	o e e e e e e e e e e e e e e e e e e e				
$\perp$	С	Net income or (loss) from	sales	of inve	entory					
ø						Business Code				
9 on		DIGITAL ADVERTISING				900099	491,673.		491,673.	
Miscellaneous Revenue		REBATES				900004	3,982.			3,982.
Se Se	_	NET RELICENSING FEE				900099	-15,145.			-15,145.
Mis F		All other revenue				900099	767.			767.
		Total. Add lines 11a-11d					481,277.	40 112	064 004	2 015 020
	12	Total revenue. See instruction	าทร				38,552,567.	40,113.	964,984.	3,815,039.

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# Form 990 (2022) CASCADE PUBLIC MEDIA Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			, ,	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,500.	3,500.		
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	1,203,968.	181,550.	663,542.	358,876.
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	9,524,907.	6,486,403.	1,226,908.	1,811,596.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	351,111.	252,230.	36,636.	62,245.
9	Other employee benefits	1,011,043.	660,109.	150,735.	200,199.
10	Payroll taxes	760,902.	477,036.	130,760.	153,106.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	96,149.		88,337.	7,812.
С	Accounting	106,514.		106,514.	
d	, , , , , , , , , , , , , , , , , , , ,	38,929.		38,079.	850.
е	Professional fundraising services. See Part IV, line 17	906,584.			906,584.
f	Investment management fees	174,435.		174,435.	
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,225,211.	1,800,977.	155,775.	268,459.
12	Advertising and promotion	793,471.	769,636.	23,835.	
13	Office expenses	942,405.	599,524.	4,811.	338,070.
14	Information technology				
15	Royalties	212 115		21.152	
16	Occupancy	318,416.	227,253.	31,169.	59,994.
17	Travel	151,692.	104,465.	29,561.	17,666.
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	1 100 100	057 700	CO 205	04 075
22	Depreciation, depletion, and amortization	1,102,180.	957,720.	60,385.	84,075. 11,253.
23	Insurance	360,252.	31,576.	317,423.	11,253.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM ACQUISITION	3,919,529.	3,919,529.		
a b	SUPPLIES	1,226,215.	946,115.	89,798.	190,302.
2	LICENSE AND PERMITS	625,412.	60,540.	78,458.	486,414.
d	UNRELATED BUS INC TAXES	145,380.	, , , , , , , , , , , , , , , , , , ,	145,380.	, == = •
	All other expenses	784,082.	459,222.	139,583.	185,277.
25	Total functional expenses. Add lines 1 through 24e	26,773,287.	17,938,385.	3,692,124.	5,142,778.
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 if following SOP 98-2 (ASC 958-720)				
					000

# Form 990 (2022) Part X Balance Sheet

Pai	rt X						
		Check if Schedule O contains a response or	note to any	/ line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			231,589.	1	4,741,806.
	2	Savings and temporary cash investments			16,740,237.	2	14,785,437.
	3	Pledges and grants receivable, net			664,059.	3	795,410.
	4	Accounts receivable, net	2,714,473.	4	3,969,004.		
	5	Loans and other receivables from any curren			7		
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	•				
	•	under section 4958(f)(1)), and persons descri	•	,		6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			67,310.	8	140,316.
Ass	9				398,818.	9	970,828.
		Land, buildings, and equipment: cost or other			, -		, -
	.00	basis. Complete Part VI of Schedule D		63,286,180.			
	b			31,106,222.	26,424,145.	10c	32,179,958.
	11	Investments - publicly traded securities		· · ·	41,738,479.	11	49,619,339.
	12	Investments - other securities. See Part IV, lin			27,939.	12	27,939.
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	2,317,615.	15	1,065,421.		
	16	Total assets. Add lines 1 through 15 (must e			91,324,664.	16	108,295,458.
	17				2,618,443.	17	5,163,222.
	18	Accounts payable and accrued expenses  Grants payable			, ,	18	, ,
	19	Deferred revenue			2,290,008.	19	2,322,925.
	20	Tax-exempt bond liabilities			17,024,677.	20	17,029,856.
	21	Escrow or custodial account liability. Comple			, ,	21	, ,
"	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	,	·	930,789.	25	810,896.
	26	<b>Total liabilities.</b> Add lines 17 through 25			22,863,917.	26	25,326,899.
		Organizations that follow FASB ASC 958,	check here	X			· · ·
es		and complete lines 27, 28, 32, and 33.					
auc	27				44,442,228.	27	49,834,446.
Bal	28	Net assets with donor restrictions			24,018,519.	28	33,134,113.
- Pu		Organizations that do not follow FASB AS					
Ξ		and complete lines 29 through 33.	,	_			
ō	29	Capital stock or trust principal, or current fur	nds			29	
šets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			68,460,747.	32	82,968,559.
~	33	Total liabilities and net assets/fund balances			91,324,664.	33	108,295,458.

Form **990** (2022)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	,552,	567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	,773,	287.
3	Revenue less expenses. Subtract line 2 from line 1	3	11	,779,	280.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68	,460,	747.
5	Net unrealized gains (losses) on investments	5	2	,685,	,541.
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 on Schedule O)	9		42,	,991.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	82	,968,	,559.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CASCADE PUBLIC MEDIA 91-1221895 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28,040,747.	18,483,913.	24,471,326.	33,590,036.	33,732,431.	138,318,453.
2	Tax revenues levied for the organ-						
	ization'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	28,040,747.	18,483,913.	24,471,326.	33,590,036.	33,732,431.	138,318,453.
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)						11,580,280.
6	Public support. Subtract line 5 from line 4.						126,738,173.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	28,040,747.	18,483,913.	24,471,326.	33,590,036.	33,732,431.	138,318,453.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,258,525.	3,512,178.	4,067,741.	3,630,385.	4,257,895.	18,726,724.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	852,254.	746,711.		1,591,346.	311,166.	3,501,477.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	53,514.	7,010.	5,438.	59,948.	-10,396.	115,514.
11	<b>Total support.</b> Add lines 7 through 10						160,662,168.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	470,997.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2022 (li					14	78.88 %
	Public support percentage from 2021					15	76.36 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		🗀
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	<u> </u>

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
Sec	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 6	(a) 2016	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	an did not check a	DUX UH III IC 14, 198	a, or rab, crieck th	no dua anu see ins		

Schedule A (Form 990) 2022 CASCADE PUBLIC MEDIA 91-1221895 Page 4

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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 on 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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.)

1 2 3a 3b 3c 4a 4b	
2 3a 3b 3c 4a	
2 3a 3b 3c 4a	
3a 3b 3c 4a	
3a 3b 3c 4a	
3b 3c 4a	
3b 3c 4a	
3c 4a	
3c 4a	
4a	
4a	
4b	_
4b	
4c	
5a	
FI.	
5b 5c	_
6	_
7	
8	
9a	
Ole	
9b	
9c	
10a	
10b	

Pai	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations	$\overline{}$	<b>V</b>	
_	Want a majarit, of the americation's directors and materials devices the target and a majarit, of the directors		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			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Hon B. All Type in dapporting organizations	$\overline{}$	<b>V</b>	
_	Did the constitution and the control of the constitution in the last describe 60h and the 60h		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	ruction	·	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	71 0 7			
	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

 Schedule A (Form 990) 2022
 CASCADE PUBLIC MEDIA
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 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	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			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3_	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see	

Schedule A (Form 990) 2022

instructions).

Sche	dule A (Form 990) 2022 CASCADE PUBLIC MEDI.	A		91-1221895	Page 7
Par		(a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions			Current \	/ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2	!	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
_5_	Qualified set-aside amounts (prior IRS approval required - pri	5			
_6_	Other distributions (describe in Part VI). See instructions.		6		
_7_	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
<u>10</u>	Line 8 amount divided by line 9 amount	T	10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
<u>b</u>	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2018				

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
REIMBURSEMENTS
2018 AMOUNT: \$ 20,442.
2019 AMOUNT: \$ 3,154.
2020 AMOUNT: \$ 4,692.
2021 AMOUNT: \$ 11,384.
·
REBATES
2018 AMOUNT: \$ 33,072.
2019 AMOUNT: \$ 3,856.
2020 AMOUNT: \$ 746.
2021 AMOUNT: \$ 1,764.
2022 AMOUNT: \$ 3,982.
RELICENSING FEES
2021 AMOUNT: \$ 46,800.
2022 AMOUNT: \$ -15,145.
MISCELLANEOUS
2022 AMOUNT: \$ 767.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

**2022** 

C	ASCADE PUBLIC MEDIA	91-1221895			
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one			
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•			
 LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Name of organization

Employer identification number

CASCADE PUBLIC MEDIA

91–1221895

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		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$1,318,545.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$970,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 3,240,124.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 5	Name, address, and ZIP + 4	Total contributions  \$ 1,205,424.	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivallie, audi ess, aliu ZIP + 4	\$ 2,000,959.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

CASCADE PUBLIC MEDIA

91-1221895

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	4,009 SHARES OF PUBLICLY TRADED SECURITIES		
5			
		\$\$	09/08/22
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	12,869 SHARES OF PUBLICLY TRADED SECURITIES		
6			
		\$\$	11/22/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<sub></sub>	

Name of organization **Employer identification number** CASCADE PUBLIC MEDIA 91-1221895 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** CASCADE PUBLIC MEDIA 91-1221895 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022	CASCADE	PUBLIC MI	EDIA		91-1	.221895	Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection und	er
section 501(h)).  A Check if the filing organiza	tion belon	gs to an affil	iated group (and list in	Part IV each affiliated	group member's nam	ie, address, E	 IN,
expenses, and share							
Check if the filing organiza	tion check	ed box A ar	d "limited control" pro	visions apply.			
Limi	ts on Lobl	oying Exper			(a) Filing organization's totals	(b) Affiliate total	
1a Total lobbying expenditures to influ	uence pub	lic opinion (g	rassroots lobbying)				
<b>b</b> Total lobbying expenditures to influ	uence a leg	gislative bod	y (direct lobbying)				
c Total lobbying expenditures (add li	nes 1a and	d 1b)					
<b>d</b> Other exempt purpose expenditure							
e Total exempt purpose expenditure							
<b>f</b> Lobbying nontaxable amount. Enter				r			
If the amount on line 1e, column (a) of			bying nontaxable am				
Not over \$500,000	(5) 10.		the amount on line 1e.				
Over \$500,000 but not over \$1,000	2 000			ess over \$500 000			
Over \$1,000,000 but not over \$1,5		\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces				
Over \$17,000,000 But not over \$17,000,000 \$223,000 pid			_				
Over \$17,000,000		\$1,000,0	<del>500.</del>				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)					
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-					
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than ze	•			•		•	
reporting section 4911 tax for this			,			Yes	No
T V	,		raging Period Under				
(Some organizations t		a section 50	• •	nave to complete all o	f the five columns b	elow.	
	Lobi	oying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022 (e		otal
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Occasionate mandaciable accessive							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
			Х		
d	Mailings to members, legislators, or the public?	Х			412.
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?	Х			32,835.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			5,682.
j	Total. Add lines 1c through 1i				38,929.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/a\/F	\	1: a.a	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	), or sec	tion	
	501(c)(6).			V	NI.
_				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I				3 is
	answered "Yes."		., . a	7 .,	0, 10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b					
С	Total				
3	4				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li	st); Part II-A	A, lines 1 a	nd 2 (See	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
LINE	1D - INFORMATIONAL HANDOUTS				
LINE	1F - LOBBYING PORTION OF DUES PAID FOR MEMBERSHIP IN ASSOCIATION				
OF P	UBLIC TELEVISION STATIONS (APTS) ACTION, INC WHICH PROMOTES THE				
CONT	INUED GROWTH AND DEVELOPMENT OF A STRONG AND FINANCIALLY SOUND				

Schedule C	(Form 990) 2022	CASCADE PUBLIC MEDIA		91-1221895	Page 4
Part IV	Supplemental Inform	ation (continued)			
NONCOMME	RCIAL TELEVISION SERVI	CE FOR THE AMERICAN PU	BLIC.		
LINE 1I	- TRAVEL FOR IN PERSON	ACTIVITIES, PAID STAF	F OR MANAGEMENT		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CASCADE PUBLIC MEDIA

**Employer identification number** 

91-1221895

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes  No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year	amont in located	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	cian and voluntees moure devoted to mornioring, inspecting, i	ianaming of violations, and officioning cont	servation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Sche	dule D (Form 990) 2022 CASCADE PUR					91-122		Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe						Yes		No
b	If "Yes," explain the arrangement in Part XIII.								<u> </u>
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years l	back
1a	Beginning of year balance	35,558,698.	36,965,833.	29,995,704.	28,2	24,795.	14,	320,3	336.
b	Contributions	4,565,000.	4,481,515.	479,462.	7	15,078.	11,	911,0	019.
	Net investment earnings, gains, and losses	3,618,811.	-5,176,984.	7,381,255.	1,2	53,657.	2,	122,4	475.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	462,773.	609,224.	778,114.		83,793.		54,0	068.
f	Administrative expenses	152,953.	102,442.	112,474.	1	14,033.		74,9	967.
g	End of year balance	43,126,783.	35,558,698.	36,965,833.	29,9	95,704.	28,	224,7	795.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	47.7200	%						
b	Permanent endowment 41.9300	%							
С	Term endowment 10.3500	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organization	tion that are held ar	d administered for t	he		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value	<del></del>
		basis (investm		' '	epreciation	I .	. ,		
1a	Land		9	,413,063.			9,	413,0	063.
	Buildings			,218,580.	8,705,	793.		512,7	787.
	Leasehold improvements								
	Equipment		24	,538,414.	22,400,	429.	2,	137,9	985.
	Other		20	,116,123.			20,	116,1	123.

Schedule D (Form 990) 2022

32,179,958.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Scriedule D (Form 990) 2022 Criserial Tobbie Mai	5111		r 1221055 Page <b>0</b>
Part VII Investments - Other Securities.	- F 000 Dt IV I'	44b, 0 - 5 - 5 - 600, Dest V. Pres 40	
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(4) =:	(b) Dook value	(c) Wethod of Valuation. Gost of end	1-01-year market value
(1) Financial derivatives (2) Closely held equity interests		+	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		T	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
	n Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	Trd. See Form 990, Part X, line 15.	(b) Pook volue
	Pescription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
	1 <i>E</i> \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n 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) FUTURE GIFT ANNUITY PAYMENTS			390,956.
(3) ACCRUED LIABILITIES			419,940.
(4)			, -
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		810,896.
(Column (b) must equal Form 990, Part A, Col. (B) line a	<u> </u>		1 , • •

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

91-1221895

Part XI Reconciliation of Revenue per Audited F	inancial Statements Wit	h Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financia	l statements		1	42,321,920.
2 Amounts included on line 1 but not on Form 990, Part VIII, li	1 1			
a Net unrealized gains (losses) on investments		2,685,541.		
<b>b</b> Donated services and use of facilities		94,034.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	466,821.		
e Add lines 2a through 2d			2e	3,246,396.
3 Subtract line 2e from line 1			3	39,075,524.
4 Amounts included on Form 990, Part VIII, line 12, but not on	1 1			
a Investment expenses not included on Form 990, Part VIII, lir		174,435.		
<b>b</b> Other (Describe in Part XIII.)	4b	-697,392.		
c Add lines 4a and 4b			4c	-522,957.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 99	00. Part I, line 12.)		5	38,552,567.
Part XII Reconciliation of Expenses per Audited		th Expenses per F	Return.	
Complete if the organization answered "Yes" on Form				
1 Total expenses and losses per audited financial statements			1	27,954,872.
2 Amounts included on line 1 but not on Form 990, Part IX, lin	1 1			
a Donated services and use of facilities	2a	94,034.		
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	1,286,879.		
e Add lines 2a through 2d			2e	1,380,913.
3 Subtract line 2e from line 1			3	26,573,959.
4 Amounts included on Form 990, Part IX, line 25, but not on	1 1			
a Investment expenses not included on Form 990, Part VIII, lir		174,435.		
<b>b</b> Other (Describe in Part XIII.)	4b	24,893.		
c Add lines 4a and 4b			4c	199,328.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 9	990, Part I, line 18.)		5	26,773,287.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part $$			; Part X, I	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	part to provide any additional info	ormation.		
PART V, LINE 4:				
ENDOWMENT FUND EARNINGS ARE INTENDED TO BE USED T	O HELP FUND PROGRAMMING			
AND OTHER OPERATING ACTIVITIES. QUASI ENDOWMENT E	FUNDS ARE AVAILABLE FOR			
BOARD APPROVED PURPOSES.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
PIRANHA PARTNERS REVENUE - INCL. IN CONSOLIDATED	FINANCIAL			
STATEMENTS	423,8	30.		
ANNUITY PRESENT VALUE ADJUSTMENT	42,9	91.		
	_			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	466,8	21.		

Schedule D (Form 990) 2022 CASCADE PUBLIC MEDIA		91-1221895	Page <b>5</b>
Part XIII   Supplemental Information (continued)			
SPECIAL EVENT DIRECT EXPENSES	-706,532.		
RENTAL EXPENSES	-15,753.		
DONATED AUCTION ITEMS	24,893.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-697,392.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
PIRANHA PARTNERS EXPENSE - INCL. IN CONSOLIDATED FINANCIAL			
STATEMENTS	564,144.		
FRIENDS OF KCTS 9 EXPENSE - INCL. IN CONSOLIDATED FINANCIAL			
STATEMENTS	450.		
SPECIAL EVENT DIRECT EXPENSES	706,532.		
RENTAL EXPENSES	15,753.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,286,879.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
DONATED AUCTION ITEMS	24,893.		

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

**Open to Public** 

Department of the Treasury Internal Revenue Service

Name of the organization

Go to  $\ensuremath{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Inspection

**Employer identification number** 

CASC	CADE PUBLIC MEDIA					91-1221895	
Pa		mation on A	ctivities Out	side the United States. Comple	oto if the organ		os" on
	Form 990, Part IV			order the emited etates. Comple	ete ii tile organ	ization answered i	es on
1			maintain record	ds to substantiate the amount of its gra	nts and other	assistance	
				he selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	ner assistance outsi	de the
3		he following Part	I. line 3 table ca	ın be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region			(e) If activities a pro-	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NORT	TH AMERICA	0	0	FUNDRAISING	N/A		203,000.
3 a	Subtotal	0	0				203,000.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a	0	0				203,000.
	and 3b)	1	ı				203,000.

91-1221895

Schedule F (Form 990) 2022 CASCADE PUBLIC MEDIA

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(h) Description of noncash assistance						Schec
(g) Amount of noncash assistance					<b>A</b> 4	
(f) Manner of cash disbursement					ecognized as a tax iivalency letter	
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					is listed above that are re r for which the grantee or	
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o	oti jei organizations o
1 (a) Name of organization					<ul> <li>Enter total number of recipient organizations listed a</li> <li>exempt 501(c)(3) organization by the IRS, or for white</li> <li>Enter total number of other organizations or entities</li> </ul>	

Page 3

Schedule F (Form 990) 2022 CASCADE PUBLIC MEDIA

Schedule F (Form 990) 2022 CASCADE PUBLIC MEDIA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2022 CASCADE PUBLIC MEDIA 91-1221895 Page 4

Part IV	Foreign	Forms
---------	---------	-------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

CASCADE PUR	BLIC WEDIA				91-122189	5
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e X Solicitat f X Solicitat g X Special  or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ALLEGIANCE FUNDRAISING LLC -		Yes	No			
PO BOX 9132, FARGO, ND 58106	PRINTING & MAILING SERVICE		Х	13,583,476.	906,584.	12,676,892.
Total				13,583,476.	906,584.	12,676,892.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is exempt from re	gistration
WA						

CASCADE PUBLIC MEDIA Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CROSSCUT FESTIVAL (add col. (a) through MARCH TELETHON col. (c)) (event type) (event type) (total number) 221,855. 167,110. 1,233,964. 844,999. Gross receipts 1 2 Less: Contributions 169,141. 167,110. 844,999 1,181,250. **3** Gross income (line 1 minus line 2) 52,714. 52,714. 4 Cash prizes 5 Noncash prizes 72,626. 267,757. 340,383. Direct Expenses 6 Rent/facility costs 59,787. 59,787. 7 Food and beverages 33,150. 33,150. 8 Entertainment 74,584. 20,339. 178,289. 273,212. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 706,532. -653,818. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain:

Sch	edule G (Form 990) 2022 CASCADE PUBLIC MEDIA 91	-1221895	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	. Ty	es 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	(
	An outside facility		(
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>Y</b>	es No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Y	es L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990) Supplemental Infor	CASCADE PUBLIC MEDIA	91-1221895	Page 4
Part IV	Supplemental Infor	mation (continued)		

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

CASCADE PUBLIC MEDIA

Employer identification number 91-1221895

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee | X | Written employment contract X Compensation survey or study X Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT I DUNLOP	Ξ	396,073.	74,000.	1,032.	27,725.	6,891.	505,721.	0
PRESIDENT/CEO	Œ)	0.	0.	0.	0.	0.	•0	0.
(2) REBECCA JANE FARWELL	(E)	231,415.	6,421.	2,901.	20,850.	7,383.	268,970.	0.
SENIOR VP/COO	(ii)	0.	0.	0.	0.	• 0	•0	0.
(3) KEVIN SEAN COLLIGAN	(E)	177,033.	6,871.	446.	14,384.	5,091.	203,825.	0.
VP OF MEDIA AND INNOVATION	(ii)	0.	0.	0.	0.	• 0	•0	0.
(4) KERRY P O'KEEFE	Ξ	172,500.	.866,9	226.	13,651.	3,119.	196,494.	0.
VP OF PHILANTHROPY	⊞	0	0.	0	0.	0.	*0	0.
(5) JABRAN L SOUBEIH	Ξ	162,854.	6,892.	317.	13,423.	10,891.	194,377.	0.
VP ENGINEERING & TECHNOLOGY	Œ)	0.	0.	0.	0.	0.	•0	0.
(6) M DAVID LEE III	(i)	171,362.	1,417.	658.	1,749.	5,279.	180,465.	0.
EXECUTIVE EDITOR	(ii)	0.	0.	0	0.	• 0	•0	0.
(7) CAROLE ANTIONETTE WILLIAMS	(i)	143,911.	6,934.	1,302.	10,638.	5,574.	168,359.	0.
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMILY A KRAGH	Ξ	135,349.	7,085.	157.	9,363.	1,605.	153,559.	0.
VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JONAH B FRUCHTER	Ξ	133,469.	1,430.	74.	9,315.	8,559.	152,847.	0.
DIR. CORP. SPONSORSHIP & BUS. DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHELL PIHL	Ξ	124,058.	300.	586.	8,374.	4,777.	138,095.	0.
FORMER CHIEF/FINANCE OFFICER	⊞	0	0.	0.	0	0.	0.	0.
	Ξ							
	▣							
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Schedule J (Form 990) 2022

SCHEDULE K

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

CASCADE PUBLIC MEDIA

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 

91-1221895

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Schedule K (Form 990) 2022 ŝ (i) Pooled financing × Yes ŝ **(g)** Defeased**(h)** On behalf Yes No × ۵ of issuer Yes ŝ × Yes ŝ NEW BUILDING ACQUISITION ပ (f) Description of purpose Yes AND CONSTRUCTION ဍ Ω 17,250,000. Yes (e) Issue price 17,250,000 001 17,199,999, × ŝ × 2022 50, (d) Date issued 01/01/22 Yes × × (c) CUSIP# LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, NONE Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN 91-1493002 issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds WASHINGTON ECONOMIC DEVELOPMENT Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds FINANCE AUTHORITY Bond Issues Proceeds Part II Part 9 ო 4 2 N ω **o** 우 ⋖ O 42 5 4 5 9 Ω 4

Schedule K (Form 990) 2022 CASCADE PUBLIC MEDIA			91-13	91-1221895				Page 2
Part III Private Business Use								
	<b>A</b>		В		S	;	O	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of hond-financed property?		×						
29 Ave there any management or carring contracts that may recult in private								
		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501 (c)(3) organization, or a state or local government		% 00.		%		%		%
6 Total of lines 4 and 5		% 00.		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	Þ							
⊃I.	4							
Part IV Arbitrage								
Long motion ibad blow one Tarkitana Committee of the control of th	4		8		S		<b>α</b>	4
	S I	2	200	2	163	2	201	
		∢						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	×							
<b>b</b> Exception to rebate?		×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×						
22						Sch	Schedule K (Form 990) 2022	n 990) 2022

91-1221895 CASCADE PUBLIC MEDIA Schedule K (Form 990) 2022

Part IV Arbitrage (continued)

Page 3

Continued)								
	∢		8		O			
4a Has the organization or the governmental issuer entered into a qualified	Yes	οN	Yes	No	Yes	N <sub>o</sub>	Yes	No
hedge with respect to the bond issue?		×						
<b>b</b> Name of provider								
Term of hedge								
Was the hedge superintegrated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
<b>b</b> Name of provider	-							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	×							
Part V Procedures To Undertake Corrective Action								
	⋖		<b>B</b>	•	0		٥	
Has the organization established written procedures to ensure that violations	Yes	٥ ۷	Yes	N <sub>o</sub>	Yes	Š	Yes	N <sub>o</sub>
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	×							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	on Schedule F	K. See instru	ctions.					
232123 10-28-22						Sch	Schedule K (Form 990) 2022	m 990) 2022

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number CASCADE PUBLIC MEDIA 91-1221895

Par	t I Ty	pes of Property					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	_
1	Art - Work	s of art					
2		rical treasures					_
3		onal interests					_
4		publications					
5		nd household goods					_
6		other vehicles	Х	321	509,565.	FAIR MARKET VALUE	_
7		planes					
8		l property					
9		- Publicly traded	Х	39	3,367,583.	FAIR MARKET VALUE	
10		- Closely held stock					
11	Securities	- Partnership, LLC, or					
	trust intere	ests					_
12	Securities	- Miscellaneous					_
13	Qualified of	conservation contribution -					
	Historic st						_
14	Qualified of	conservation contribution - Other					_
15		e - Residential					_
16		e - Commercial					_
17	Real estate	e - Other					_
18		s					_
19		ntory					_
20		medical supplies					_
21							_
22		artifacts					_
23		specimens					_
24		ical artifacts	<u> </u>		455.55	L	_
25	Other	( GOODS )	X	54		FAIR MARKET VALUE	_
26	Other	( AUCTION ITEMS )	X	9	24,893.	FAIR MARKET VALUE	_
27	Other	()					_
28	Other	()	L				_
29		Forms 8283 received by the organia				7	
	for which i	the organization completed Form 82	83, Part V, L	onee Acknowledg	ement <b>29</b>		_
20-	During the	year did the argenization receive b			autod in Dort I lines 1 throug	Yes No	
Sua	•	year, did the organization receive by	•		,		
		for at least 3 years from the date of irposes for the entire holding period	•			00 V	
h		escribe the arrangement in Part II.	·			304	
31	,	escribe the arrangement in Part II. organization have a gift acceptance p	nolicy that re	acuires the review (	of any nonstandard contribut	tions?	
		organization hire or use third parties	-	·	•	31	_
uza	contribution	-		•	, ,	32a X	
h		escribe in Part II.				SEA	
33	,	nization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is che	cked	
55	describe ir			a type of property	.c. which coldini (a) is offer	,	
		ii ait II.					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

91-1221895

Department of the Treasury Internal Revenue Service

Name of the organization

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

CASCADE PUBLIC MEDIA

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CANADA WITH MEANINGFUL NONCOMMERCIAL PROGRAMMING ON THE AIR, ONLINE AND IN THE COMMUNITY. OUR MISSION IS TO INFORM AND INSPIRE OUR COMMUNITY TO MAKE THE WORLD A BETTER PLACE. FORM 990, PART I, LINE 6: CPM MAINTAINS SPREADSHEETS FOR ALL VOLUNTEERS AND SHIFTS. VOLUNTEERS SERVED 338 HOURS IN FISCAL YEAR 2023. VOLUNTEERS HELPED WITH COMMUNITY ENGAGEMENT EVENTS AND FUNDRAISING EVENTS FORM 990 PART III LINE 1 DESCRIPTION OF ORGANIZATION MISSION: CROSSCUT.COM, AND OUR YEAR-ROUND EVENTS. WE HELP NORTHWEST PEOPLE LEARN, GROW AND MAKE A DIFFERENCE, FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE. COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS HAS BROAD AUTHORITY BUT CANNOT AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE SALE, LEASE, EXCHANGE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF THE CORPORATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION. FORM 990, PART VI, SECTION B, LINE 11B: AN INITIAL DRAFT OF THE RETURN WAS PREPARED AND DISTRIBUTED TO THE FINANCE AND AUDIT COMMITTEE FOR THEIR REVIEW AND COMMENT VIA EMAIL. THERE BEING NO REQUEST FOR ANY CHANGE TO THE RETURN. THE COMMITTEE APPROVED THE FORM 990 AND 990-T. THE FINAL RETURNS WERE THEN SENT TO THE FULL BOARD OF DIRECTORS Schedule O (Form 990) 2022 Page 2

**Employer identification number** Name of the organization CASCADE PUBLIC MEDIA 91-1221895 FOR THEIR FINAL REVIEW AND COMMENT PRIOR TO SUBMISSION. AFTER THE COMMENT PERIOD, THE RETURN WAS SIGNED BY AN OFFICER OF CASCADE PUBLIC MEDIA. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE FORM. ALL FORMS ARE REVIEWED AND KEPT ON FILE. THE CEO IS ULTIMATELY RESPONSIBLE FOR ENSURING THAT THE EMPLOYEE POLICY IS ENFORCED. EMPLOYEES ARE REQUIRED TO INFORM THEIR SUPERVISOR IN WRITING OF ANY POTENTIAL CONFLICT OF INTEREST. IF THE SUPERVISOR FEELS THERE IS A REASONABLE POSSIBILITY OF A CONFLICT, THE APPROPRIATE DIVISIONAL MANAGER IS INFORMED. THE DIVISIONAL MANAGER WILL INVESTIGATE AND THEN INFORM THOSE INVOLVED OF THE FINDINGS. FAILURE TO FOLLOW THE POLICY MAY LEAD TO DISCIPLINARY ACTION. THE CEO & BOARD OF DIRECTORS ARE RESPONSIBLE FOR ENSURING THAT THE OFFICER/BOARD POLICY IS FOLLOWED. WHEN A CONFLICT ARISES THE OFFICER OR BOARD MEMBER SHALL REFRAIN FROM DISCUSSING OR VOTING ON THE ISSUE. THE PERSON INVOLVED WOULD GIVE NOTICE TO THE BOARD OF ANY CONFLICT OR POTENTIAL CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: SALARY DATA FOR EXECUTIVES IS OBTAINED FROM VARIOUS SOURCES WHICH INCLUDE DATA FROM PUBLISHED COMPENSATION SURVEYS, PROFESSIONAL HR CONSULTANTS PUBLIC MEDIA ASSOCIATION RESOURCES. NONPROFIT BENCHMARKING RESOURCES AND OTHERS. COMPENSATION IS BENCHMARKED AGAINST OTHER ORGANIZATIONS WITH COMPARATIVE NUMBER OF EMPLOYEES, ANNUAL BUDGETS AND SERVICES PROVIDED. THIS COMPENSATION DATA IS REVIEWED AND ANALYZED BY HUMAN RESOURCES. THE DATA AND PROPOSED SALARIES ARE THEN REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE. ALL CHANGES TO CEO SALARY ARE APPROVED BY THE BOARD OF DIRECTORS. THE BOARD HIRED AN OUTSIDE SALARY CONSULTANT TO REVIEW

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CASCADE PUBLIC MEDIA 91-1221895 EXECUTIVE COMPENSATION AND THAT REVIEW WAS COMPLETED IN 2022. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ANNUAL AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE WEBSITE. THE ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE IN THE CASCADE PUBLIC MEDIA FCC ONLINE PUBLIC FILE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ANNUITY PRESENT VALUE ADJUSTMENT 42,991.

# SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public Inspection

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

2022

OMB No. 1545-0047

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

CASCADE PUBLIC MEDIA

Name of the organization

Department of the Treasury Internal Revenue Service

**Employer identification number** 91-1221895

(g) Section 512(b)(13) controlled ŝ entity? Direct controlling Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling CASCADE PUBLIC entity End-of-year assets MEDIA status (if section 501(c)(3)) **e** Public charity Total income Exempt Code ਉ section 501(C)(3) ছ Legal domicile (state or Legal domicile (state or foreign country) foreign country) FUNDRAISE FOR PUBLIC MEDIA CANADA Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization 510 WEST GEORGIA STREET, #1800 of disregarded entity VANCOUVER, BC, CANADA V6B FRIENDS OF KCTS 9 SOCIETY Part PartII

Schedule R (Form 990) 2022

CASCADE PUBLIC MEDIA Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

91-1221895

(k)	managing ownership									
(i)	anaging artner?	YesNo								
(i)	amount in box m 20 of Schedule	K-1 (Form 1065) <b>Y</b> 6								
	rtionate ons?	Yes No								
	end-of-year assets	$\top$								
	income									
(e)	(related, unrelated, excluded from tax under	sections 512-514)								
(d)	ect colling entity									
(c)	domicile (state or foreign	country)								
(b)	רוווומוץ מכנועונץ									
(a)	of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

organizations ineated as a corporation of those during the tay year.	allig tile tan year.								
(a)	(q)	(0)	(p)	(e)		(6)	(F)		,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contri enti	13) - - -
PIRANHA PARTNERS INC 91-1532689								Yes	2
401 MERCER STREET			CASCADE PUBLIC						
SEATTLE, WA 98109-4640	MEDIA PRODUCTION	WA	MEDIA	C CORP	423,830.	99,526.	100%	×	

Schedule R (Form 990) 2022

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٥
1 During the tax year, did the organization engage in any of the following transaction:	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				10		×
				10		×
e Loans or loan guarantees by related organization(s)				<b>1e</b>		×
f Dividends from related organization(s)				<b>=</b>		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				÷		×
_				1j		×
k Lease of facilities equipment or other assets from related organization(s)				¥		×
				=	×	
	anization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두	×	
o Sharing of paid employees with related organization(s)				9	×	
Common to sid to valetad avanaization (a) for a vanancia				1	×	
				2 2	×	
				?		
r Other transfer of cash or property to related organization(s)				÷		×
				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered r	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved		
(1) PIRANHA PARTNERS INC.	Q	84,250.	CASH PAYMENTS			
(2)						
(3)						
(4)						
(5)						
(9)						
232163 09-14-22			Schedule R (Form 990) 2022	R (Form	(066	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.