Form	990
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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



<u>A</u>	For th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending Ju	JN 30, 2022						
в	Check i applical	C Name of organization		D Employer identifie	cation number					
Г	Addr	ess ge CASCADE PUBLIC MEDIA								
	Nam	Doing business as	91-1221895							
	Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number									
	Final 401 MERCER STREET (206)728-6463									
	ated	termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipte \$ 68,619,445.								
	Arnei retur	SEATTLE, WA 90109-4040		H(a) Is this a group re						
	_ Appl tion	F Name and address of principal officer: ROBERT I. DUNLOP		for subordinates	? Yes X No					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in						
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 🔲 527		list. See instructions					
		te: WWW.KCTS9.ORG		H(c) Group exemption	n number 🕨					
-		f organization: 🕱 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year o	of formation: 1986 N	State of legal domicile: WA					
Pa	art I	Summary								
¢	1	Briefly describe the organization's mission or most significant activities: CASCADE		MEDIA IS A						
Activities & Governance		NONPROFIT MEDIA ORGANIZATION SERVING WASHINGTON STATE AND WE								
SL N	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.					
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			24					
୍ ସ	4	Number of independent voting members of the governing body (Part VI, line 1b)		24						
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		164						
iviti	6	Total number of volunteers (estimate if necessary)		24						
Act	7 a				894,951.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		76	573,185.					
			Prior Year	Current Year						
e	8	Contributions and grants (Part VIII, line 1h)		24,471,326.	33,590,036.					
ent	9	Program service revenue (Part VIII, line 2g)		0.	52,000.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,463,830.	3,409,770.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,086,528.	4,635,392.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,021,684.	41,687,198.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,500.	3,500.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,996,442.	11,802,179.					
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		686,045.	872,287.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)								
	l'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,149,626.	11,046,202.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,835,613.	23,724,168.					
	19	Revenue less expenses. Subtract line 18 from line 12		8,186,071.	17,963,030.					
IS OF				inning of Current Year	End of Year					
Assets Balanc	20	Total assets (Part X, line 16)		65,312,352.	91,324,664.					
Net A		Total liabilities (Part X, line 26)		5,396,217.	22,863,917.					
and the second value of th		Net assets or fund balances. Subtract line 21 from line 20		59,916,135.	68,460,747.					
_	irt [[Signature Block								
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statemer	its, and to the best of my	knowledge and belief, it is					

true, correc	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
Sign	Signature of officer EMILY KRAGH, VP & CHIEF FINANCE (3 Date	11612023						
Here	Type or print name and title								
Paid	Print/Type preparer's name MEGAN R. RYAN	Preparer's signature MEGAN R. RYAN	Date Check PTIN if self-employed P00737884						
Preparer	Firm's name 🕒 CLARK NUBER, PS		Firm'	s EIN > 91-1194016					
Use Only	se Only Firm's address 10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004 Phone no.425-454-4919								
May the If	RS discuss this return with the preparer shown abo	ve? See instructions							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) CASCADE PUBLIC MEDIA	91-1221895	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	OUR MISSION AT CASCADE PUBLIC MEDIA IS TO INSPIRE A SMARTER WORLD. 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 CROSSCUT.COM, AND OUR YEAR-ROUND EVENTS. WE HELP		
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
Ŭ	If "Yes," describe these changes on Schedule O.	····· ــــ	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expe	nses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		503, 2110
4a	(Code:) (Expenses \$9,948,427. including grants of \$3,500. 3,500. (Revenue)	<u>ــــــ</u>	52,000.)
та	PROGRAMMING AND CONTENT CREATION	p)
	CASCADE PUBLIC MEDIA PRODUCES, ACQUIRES AND SCHEDULES PROGRAMS AND		
	LOCAL STORIES IN SERVICE OF OUR MISSION TO INSPIRE A SMARTER WORLD.		
	EACH YEAR, MORE THAN 2 MILLION VIEWERS - BOTH ON-AIR AND ONLINE - TRUST		
	KCTS 9 TO PROVIDE THE WIDEST VARIETY OF PROGRAMS THAT ENTERTAIN, INFORM		
	AND ALLOW VIEWERS TO CONSIDER A WIDE VARIETY OF PERSPECTIVE.		
	ADDITIONALLY, WITH APPROXIMATELY 3 MILLION YEARLY WEBSITE VISITORS,		
	CROSSCUT SERVES THE PUBLIC WITH LOCAL STORIES THAT ARE IN-DEPTH AND		
	UNIQUE.		
41			
4b	(Code:) (Expenses \$3,636,902. including grants of \$) (Revenue PROGRAM INFORMATION AND PROMOTION	\$)
	CASCADE PUBLIC MEDIA PROVIDES UPDATES AND ANNOUNCEMENTS ABOUT OUR LOCAL		
	CONTENT, 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.		
	TRIENDED TO DEELEN THE THIRCT OF OUR TROORAND AND INTITATIVES.		<u> </u>
	(Code:) (Expenses \$1,984,897including grants of \$) (Revenue		
4c	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.		
40	Other program services (Describe on Schedule O.)	3	
A -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 15,570,226.)	<u> </u>
40	Total program service expenses 15,570,226.		000 (0001)

Eorm	000	(2021)
-orm	990	(2021)

Form 990 (2021) CASCADE PUBLIC MEDIA
Part IV Checklist of Required Schedules

4	In the experimentation depertion $F(1/2)/2$ or $40.47/2/(1)$ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A	2	x	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4	x	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	L		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

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CASCADE PUBLIC MEDIA

Pa	rt IV	Checklist of Required Schedules (continued)						
				Yes	No			
22	Did th	ne organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
		X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x			
23		ne organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
		ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
		dule J	23	х				
24a		ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
		ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
		dule K. If "No," go to line 25a	24a	х				
b		ne organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X			
		ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
		ax-exempt bonds?	24c		x			
d		ne organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X			
		on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
		action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
b		organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that t	he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
		dule L. Part I	25b		x			
26		ne organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
		mer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	contr	olled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27		ne organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	create	or 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		X			
28								
	instru	ctions for applicable filing thresholds, conditions, and exceptions):						
а	A cur	rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes,	" complete Schedule L, Part IV	28a		X			
b	A fam	nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
		% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes,	" complete Schedule L, Part IV	28c		X			
29	Did th	ne organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did th	ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contr	ibutions? If "Yes," complete Schedule M	30		X			
31	Did th	ne organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did th	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schee	dule N, Part II	32		X			
33	Did th	ne organization own 100% of an entity disregarded as separate from the organization under Regulations						
		ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was t	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
		/, line 1	34	Х	<u> </u>			
		ne organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>			
b		s" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
		n the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>			
36	Secti	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
		s," complete Schedule R, Part V, line 2	36		X			
37		ne organization conduct more than 5% of its activities through an entity that is not a related organization						
		hat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38		ne organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
		: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	X				
Pa								
		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		╷└──			
				Yes	No			
		the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a13	-					
b	Enter	the number of Forms W-2G included on line 1a. Enter -0- if not applicable						

 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form		21895		Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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	164			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	х	
	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	····· -			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	х	
b	If "Yes," enter the name of the foreign country CANADA	·····			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
		····· ⊢	5b		x
		····· ⊢	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	···· -			
	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	···· -			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	···· -			
a		vor?	7a	х	
			7b	Х	
		····· -			
-	to file Form 8282?		7c	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	12			
			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	····· Γ	7f		x
g			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	L	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	L	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	L	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_			
11	Section 501(c)(12) organizations. Enter:				
а		_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- F	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?	L	13a		
	Note: 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				
					x
14a	· · · · · · · · · · · · · · · · · · ·	····· –	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	F	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		x
	excess parachute payment(s) during the year?	···· -	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.		16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	····· -	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.	·····			

Form	990 (2021) CASCADE PUBLIC MEDIA 91-122189	5	P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	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 1a 24			
	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 24			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	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			
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
10	on Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy?	13 14	x	
14 15	Did the organization have a written document retention and destruction policy?	14		
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	
	Other officers or key employees of the organization	15a	x	
5	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 MA			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website X 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, and	financ	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			
	401 MERCER STREET, SEATTLE, WA 98109-4640			

Form 990 (2			Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's tax	x year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, 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 nor any related organization compensated any current officer, director, or trustee.

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(10) KARLI BAROKAS 2.00 x x 0.00 x x 0.00	(9) EMILY KRAGH	50.00									
SECRETARY 0.00 X X X 0. 0. 0. 0. (11) BARBARA BENNETT 2.00 X X 0.<	CONTROLLER	0.00					X		115,904.	0.	9,220.
(11) BARBARA BENNETT 2.00 X X 0 0.00 0.00 VICE CHAIR 0.00 X X 0.00 0.00 0.00 (12) ROBERT MOSER 2.00 X X 0.00 0.00 0.00 TREASURER 0.00 X X 0.00 0.00 0.00 0.00 (13) LYNNE VARNER 2.00 X X 0.00 <th< td=""><td>(10) KARLI BAROKAS</td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	(10) KARLI BAROKAS	2.00									
VICE CHAIR 0.00 X X 0.	SECRETARY	0.00	Х		Х				0.	0.	0.
(12) ROBERT MOSER 2.00 x x x 0 0.0 0.0 0.0 0.0 0.00 0.	(11) BARBARA BENNETT	2.00									
TREASURER 0.00 X X 0. 0. 0. 0. (13) LYNNE VARNER 2.00 2.00 X X 0. 0. 0. CHAIR 0.00 X X 0. 0. 0. 0. (14) MIKE HUGHES 2.00 X X 0. 0. 0. DIRECTOR 0.00 X X 0. 0. 0. (15) MICHAEL HUMPHRIES 2.00 X 0. 0. 0. 0. PAST CHAIR 0.000 X X 0. 0. 0. 0. DIRECTOR 0.000 X X 0. 0. 0. 0. (16) RICK LINNEWEH 2.00 X X 0. 0. 0. 0. (17) ROB MCKENNA 2.00 X X 0. 0. 0. 0. DIRECTOR 0.000 X X 0. 0. 0. 0.	VICE CHAIR	0.00	Х		Х				0.	0.	0.
(13) LYNNE VARNER 2.00 x x 0.	(12) ROBERT MOSER	2.00									
CHAIR 0.00 X X 0.	TREASURER	0.00	Х		х				٥.	0.	0.
(14) MIKE HUGHES 2.00 x 0 0.0 0.00 DIRECTOR 0.00 x 0 0.00 0.00 0.00 (15) MICHAEL HUMPHRIES 2.00 2.00 0.00 0.00 0.00 0.00 PAST CHAIR 0.000 x 0 0.00 0.00 0.00 (16) RICK LINNEWEH 2.00 0.000 x 0.00 0.00 0.00 DIRECTOR 0.000 x 0 0.00 0.00 0.00 0.00 UTOR 0.000 x 0 0.00 0.00 0.00 0.00	(13) LYNNE VARNER	2.00									
DIRECTOR 0.00 x 0 0. <	CHAIR	0.00	Х		х				٥.	0.	0.
(15) MICHAEL HUMPHRIES 2.00 x 0.00 x 0.00 0.00 0.00 PAST CHAIR 0.00 x 0.00 x 0.00	(14) MIKE HUGHES	2.00									
PAST CHAIR 0.00 x 0.	DIRECTOR	0.00	Х						٥.	0.	0.
(16) RICK LINNEWEH 2.00 0.00 <td>(15) MICHAEL HUMPHRIES</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(15) MICHAEL HUMPHRIES	2.00									
DIRECTOR 0.00 x 0.	PAST CHAIR	0.00	Х						٥.	0.	0.
(17) ROB MCKENNA 2.00 X 0.	(16) RICK LINNEWEH	2.00									
DIRECTOR 0.00 X 0. 0. 0.	DIRECTOR	0.00	Х						0.	0.	0.
	(17) ROB MCKENNA	2.00									
	DIRECTOR	0.00	Х						0.	0.	

Form 990 (2021) CASCADE PUBLI									91-122	2189	5	Pa	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	Compensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i ss per	rson i	1 than o is both pr/trus	ı an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Estir amo	(F) mate ount o ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	<ey em="" ployee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>the organization (W-2/1099-MISC/ 1099-NEC)</td><td>organizations (W-2/1099-MIS 1099-NEC)</td><td></td><td>compe</td><td>ensat n the nizati relate</td><td>e on ed</td></ey>	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compe	ensat n the nizati relate	e on ed
(18) SACHA MCLEAN	2.00	Inc	<u> </u>	HO	Key	E E	Fo						
DIRECTOR	0.00	х						0.		٥.			Ο.
(19) HOLLY MESROBIAN	2.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
(20) LINH HO	2.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
(21) SHARON NELSON	2.00												
DIRECTOR	0.00	х						0.		٥.			0.
(22) CHRIS PARKER	2.00												
DIRECTOR	0.00	х						0.		٥.			0.
(23) ESSEX PORTER	2.00												
DIRECTOR	0.00	Х						0.		0.			0.
(24) ANITA RAMASASTRY	2.00												
DIRECTOR	0.00	Х						0.		٥.			0.
(25) JOHN SCHOETTLER	2.00												
DIRECTOR	0.00	Х						0.		0.			0.
(26) MICHAEL SCHUTZLER	2.00									_			_
DIRECTOR	0.00	Х						0.		0.			0.
1b Subtotal								1,641,080.		0.	1	95,	118.
c Total from continuation sheets to Part VI								0.		0.	1	0.5	0.
d Total (add lines 1b and 1c)								1,641,080.		0.	1	95,	118.
2 Total number of individuals (including but ne compensation from the organization ►	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100	000 of reportable				9
										I	Y	′es	No
3 Did the organization list any former officer,	-		•	•					•				Х
line 1a? If "Yes," complete Schedule J for su											3	_	
4 For any individual listed on line 1a, is the su	-								-			x	
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors	piele Scriedule	3 J 10	or su		oers	:011 -					5		
1 Complete this table for your five highest cor	mpensated inc	lene	nder	nt co	ontra	acto	rs tl	hat received more than 9	100 000 of comp	ensat	ion from	<u>ו</u>	
the organization. Report compensation for t									, 1	onou			
(A) Name and business	address							(B) Description of s	services	С	(C) ompens	atior	<u>ו</u>
ALLEGIANCE FUNDRAISING LLC													
PO BOX 9132, FARGO, ND 58106								PRINTING & MAILING	SERVICE		7	80,3	280.
MEDIA MANAGEMENT LLC, PO BOX 446 - 65	50												
GLEN CREIGHTON DRIVE, DACONO, CO 8052	4							MASTER CONTROL SEF	VICES		2	31,3	210.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	d to		se lis 2	ted	above) who received m	ore than				

(A) (B)			tees, Key Employees, and Highest C (B) (C)					(D)	(F)	
Name and title	Average				i tion			Reportable	(E) Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per	(0)					, <u>, , , , , , , , , , , , , , , , , , </u>	from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	ordin	e			ted e		(W-2/1099-MISC)		organization
	related	stee (ruste			ben sa				and related
	organizations	ial tru	onal t		plo ye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ē	Ĕ	Of	Ke	Ē	Б			
27) ANDREW SUND DIRECTOR	2.00	x						0.	0.	
28) LANESHA DEBARDELABEN	2.00	x						0.	0.	(
DIRECTOR	0.00	x						0.	0.	(
29) GLEN WONG	2.00	<u>л</u>						•.	••	
DIRECTOR	0.00	x						0.	0.	(
30) SONNY WONG	2.00							, ···	••	
DIRECTOR	0.00	x						0.	0.	(
31) MONA LEE LOCKE	2.00									
DIRECTOR	0.00	х						0.	0.	(
32) TAMMY YOUNG	2.00									
DIRECTOR	0.00	х						0.	0.	(
33) CAROLE TOMKO	2.00									
DIRECTOR	0.00	х						0.	0.	(
		1								
		1								
			<u> </u>							
			-							
		•								
			-			-				
		•								
	1	1	1			1	1			<u> </u>

	t VIII	CASC CASC Statement of Re	ven	ue						5 Pa
		Check if Schedule O	conta	ains a respor	<u>ise (</u>	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a		15,379.				
and Other Similar Amounts		Membership dues				17,446,785.				
e E		Fundraising events				201,316.				
ΓA		Related organizations								
niia		Government grants (contr				71,523.				
2		All other contributions, gifts,								
ner	-	similar amounts not included				15,855,033.				
5	g	Noncash contributions included in				891,624.				
BUG	-	Total. Add lines 1a-1f				´ ►	33,590,036.			
						Business Code	, , , .			
	2 a	PRODUCTION SERVICES				515100	52,000.	52,000.		
	_				_					
ne	b									
Hevenue	C A									
Чe	d				_					
	e									
		All other program service					52,000.			
+		Total. Add lines 2a-2f					52,000.			
	3	Investment income (includ					646 297			616
		other similar amounts)					646,287.			646,
	4	Income from investment o				roceeds	2 024 022			2 0 2 4
	5	Royalties			<u></u>	>	2,834,833.			2,834,
				(i) Real	<u> </u>	(ii) Personal				
		Gross rents	6a	149,2		461,516.				
		Less: rental expenses	6b		0.	12,438.				
		Rental income or (loss)	6c	149,2	65.	449,078.				
	d	Net rental income or (loss))			····· •	598,343.		449,078.	149,
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	28,996,9	50.					
	b	Less: cost or other basis								
		and sales expenses	7b	26,233,4	67.					
	с	Gain or (loss)	7c	2,763,4	83.					
		Net gain or (loss)				>	2,763,483.			2,763,
	8 a	Gross income from fundraising								
		including \$	201,	316. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	1,382,737.				
	b	Less: direct expenses			8b	686,342.				
	с	Net income or (loss) from	fund	raising even	ts	►	696,395.			696,3
	9 a	Gross income from gamin	g ac	tivities. See						
		Part IV, line 19			9a					
	b				9b					
		Net income or (loss) from								
-		Gross sales of inventory, I								
		and allowances								
	b	Less: cost of goods sold			10b					
		Net income or (loss) from				•				
	v		2010		,	Business Code				
.	11 a	DIGITAL ADVERTISING				900099	445,873.		445,873.	
ant	a h	RELICENSING FEES				900099	46,800.		,	46,
е	0	REBATES				900004	1,764.			10,
2	C									
Че		All other revenue				900044	11 48/			
Kevenue		All other revenue Total. Add lines 11a-11d				900099	11,384. 505,821.			11,3

CASCADE PUBLIC MEDIA

91-1221895

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Dor	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	his Part IX (B) Program service	(C) Management and	
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,500.	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	1,237,774.	210,264.	672,104.	355,406
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	8,554,955.	5,698,195.	995,687.	1,861,073
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	420,337.	289,147.	41,002.	90,188
9	Other employee benefits	925,397.	586,587.	132,874.	205,936
0	Payroll taxes	663,716.	404,255.	109,741.	149,720
1	Fees for services (nonemployees):				
а	Management				
b	Legal	76,106.		76,106.	
с	Accounting	84,592.		84,592.	
		31,200.		31,200.	
е	Professional fundraising services. See Part IV, line 17	872,287.			872,287
f	Investment management fees	119,788.		119,788.	
g					
•	column (A), amount, list line 11g expenses on Sch 0.)	1,907,380.	1,664,753.	88,671.	153,956
12	Advertising and promotion	502,354.	469,860.	32,494.	
13	Office expenses	860,839.	496,336.	2,611.	361,892
14	Information technology				
15	Royalties				
16	Occupancy	235,337.	167,911.	13,235.	54,191
17	Travel	80,095.	57,182.	10,424.	12,489
18	Payments of travel or entertainment expenses				· · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,048,869.	895,354.	67,134.	86,381
23	Insurance	296,691.	,	296,691.	,
.5 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 0.) PROGRAM ACQUISITION	3,559,561.	3,559,561.		
a ⊾	SUPPLIES	1,159,989.	871,040.	79,694.	209,255
b	LICENSE AND PERMITS			81,226.	445,579
C		611,403.	84,598.	/	440,5/5
d	UNRELATED BUS INC TAXES	92,737.	111 602	92,737.	150 100
е	All other expenses	379,261.	111,683.	115,389.	152,189
<u>5</u>	Total functional expenses. Add lines 1 through 24e	23,724,168.	15,570,226.	3,143,400.	5,010,542
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)				

Form 990 (o Shoot
Part X	Dalanc	e Sneet

CASCADE PUBLIC MEDIA

Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	iy line in this Part X			(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing		1,149,051.	1	231,589	
	2	Savings and temporary cash investments			19,076,958.	2	16,740,237
	3	Pledges and grants receivable, net		3	664,059		
	4	Accounts receivable, net			2,583,792.	4	2,714,473
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		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 descril	bed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			38,286.	8	67,310
As	9				387,044.	9	398,818
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		58,222,963.			
	b			31,798,818.	3,615,813.	10c	26,424,145
	11	Investments - publicly traded securities			37,583,759.	11	41,738,479
	12	Investments - other securities. See Part IV, lin		26,229.	12	27,939	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			851,420.	15	2,317,615
	16	Total assets. Add lines 1 through 15 (must e			65,312,352.	16	91,324,664
	17	Accounts payable and accrued expenses			2,051,562.	17	2,618,443,
	18	Grants payable				18	
	19	Deferred revenue			2,347,010.	19	2,290,008.
	20	Tax-exempt bond liabilities	0.	20	17,024,677		
	21	Escrow or custodial account liability. Comple			21		
ŝ	22	Loans and other payables to any current or for	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
abi		controlled entity or family member of any of t	nese pers	ons		22	
	23	Secured mortgages and notes payable to uni	rd parties		23		
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		······ _	997,645.	25	930,789.
	26	Total liabilities. Add lines 17 through 25			5,396,217.	26	22,863,917.
		Organizations that follow FASB ASC 958, o	heck her	e 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	40,087,574.	27	44,442,228.		
Ba	28	Net assets with donor restrictions	19,828,561.	28	24,018,519.		
pur		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
sei	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Ne	32	Total net assets or fund balances			59,916,135.	32	68,460,747.
	33	Total liabilities and net assets/fund balances			65,312,352.	33	91,324,664.

91,324,664. Form **990** (2021)

Form	1990 (2021) CASCADE PUBLIC MEDIA	91-122189	5	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	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	41,	687,	198.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,	724,	168.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,	963,	030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,	916,	135.
5	Net unrealized gains (losses) on investments	5	-9,	310,	078.
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		108,	340.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	68,	460,	747.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		ſ		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	0.			
2a			2a		X
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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		-	77	
	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 Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		0		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047	
2021	

Open to Public

	Inspection
vor	identification numb

Name of the organization

Name	ame of the organization Employer identification number										
			E PUBLIC MEDIA						91-1221895		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).				
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)						
З [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 [Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
_		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		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-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem		-					-		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
г		See section 509(a)(2). (Con									
11 [An organization organized a	-	•	•						
12 [An organization organized a	-	-	-			•			
		more publicly supported or	-						Check the box on		
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		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 o	-								
b		Type II. A supporting org	-				•		•		
		control or management o			ame persoi	ns that co	ntrol or manaç	ge the supp	ported		
		organization(s). You mus									
С		Type III functionally inte						ly integrate	d with,		
		its supported organization		-							
d		J Type III non-functionally						-			
		that is not functionally int	•		-		-	an attentiv	/eness		
-		requirement (see instructi		•							
е		Check this box if the orga functionally integrated, or					турет, турет	n, rype m			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
		vide the following information	•	d organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Total											

CASCADE PUBLIC MEDIA

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Page **2**

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 17,435,948. 28,040,747 18,483,913 24,471,326 33,590,036. 122,021,970. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 17,435,948, 28,040,747. 18 483 913. 24,471,326. 33,590,036. 122,021,970. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 12,256,790. 109,765,180. 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(c)</u> 2019 <u>(b)</u>2018 <u>(d)</u> 2020 Calendar year (or fiscal year beginning in) (a) 2017 (e) 2021 (f) Total 17,435,948. 28,040,747. 18,483,913. 24,471,326. 33,590,036, 122,021,970. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 17,626,441. 3,157,612. 3,258,525. 3,512,178 4,067,741. 3,630,385. and income from similar sources 9 Net income from unrelated business activities, whether or not the 758,397, 852,254, 746,711, 1,591,346. 3,948,708. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 26,366. 53,514 7,010 5,438. 59,948, 152,276. 143,749,395. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 671,584. 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 76.36 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 78.17 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CASCADE PUBLIC MEDIA 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2021 (T	column (f))		15	%
	Public support percentage from 2020		-			16	%
	ction D. Computation of Invest						,.
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					· · · ·	
	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	<u> </u>		, . = .	,			

1

2

3a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

_	rt IV Supporting Organizations (continued)			
			Yes	N
1	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		
с	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		
ec	tion B. Type I Supporting Organizations			
			Yes	1
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic 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 suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	rted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	[~] 1		
	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,			

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations	

			res	INO
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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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	vou supported a	overnmental entity	(see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

1

Voc No

Yes No

hedule A (Form 990) 2021 CASCADE PUBLIC MEDIA			91-1221895 Page
art V Type III Non-Functionally Integrated 509(a)(3) Su			
Check here if the organization satisfied the Integral Part Test as a		•	Part VI). See instructions
All other Type III non-functionally integrated supporting organizat	ions must complete S	Sections A through E.	1
ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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 instruction	s) 6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater am	iount,		
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
i Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-		Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

Sche	dule A (Form 990) 2021 CASCADE PUBLIC MEDIA	A			91-1221895	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)		
Secti	on D - Distributions		1		Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
•	(provide details in Part VI). See instructions.	le organization le responence		8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
10		(i)	(ii)	10	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
-	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
0	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
_8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
d	Excess from 2020					

Schedule A (Form 990) 2021

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
2017 AMOUNT: \$ 8,600.
2018 AMOUNT: \$ 20,442.
2019 AMOUNT: \$ 3,154.
2020 AMOUNT: \$ 4,692.
2021 AMOUNT: \$ 11,384.
REBATES
2017 AMOUNT: \$ 17,766.
2018 AMOUNT: \$ 33,072.
2019 AMOUNT: \$ 3,856.
2020 AMOUNT: \$ 746.
2021 AMOUNT: \$ 1,764.
RELICENSING FEES
2021 AMOUNT: \$ 46,800.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2021

Employer identification number

9	1-	1	2	2	1	8	9	5

CASCADE	PUBLIC	MEDIA

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

Schedule B (Form 990) (2021)

Schedule B	B (Form 990) (2021)		Page 2
Name of o	rganization		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 contribution	(d) s Type of contribution
1		\$4,166,5	515. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$3,840,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$1,436,5	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$1,202,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$2,655,4	194. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ame of or	ganization	Emple	oyer identification numb
SCADE	PUBLIC MEDIA	2	91-1221895
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
3	CHARITABLE REMAINDER ANNUITY TRUST		
		\$1,436,509.	07/01/21
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule	B (Form 990) (2021)		Page 4				
Name of o	organization		Employer identification number				
CASCADE	PUBLIC MEDIA		91-1221895				
Part III			n 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) \$				
(c) No	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				
<u></u>							
			_				
		(e) Transfer of gift					
		(c) manaler of gift					
	Transferee's name, address, a	nd 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, a	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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee				
	· · · · · · · · · · · · · · · ·						
	- <u></u>						

Department of the Treasury Internal Revenue Service		if the organization is described l Go to www.irs.gov/Form990 for in			Z. Open to Public Inspection				
If the organization ans	wered "Yes," on	ı Form 990, Part IV, line 3, or Forı	n 990-EZ, Part V, line	e 46 (Political Campaign A	ctivities), then				
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.						
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below. [Do not complete Part I-B.					
 Section 527 organiz 	ations: Complete	e Part I-A only.							
If the organization ans	f 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.								
	5	nave NOT filed Form 5768 (electior		•	•				
		Form 990, Part IV, line 5 (Proxy)	()/	, 1	•				
Tax) (See separate inst					, · · ··· · , ···· · · · · (· · ··· ,				
 Section 501(c)(4), (5)), or (6) organizat	ions: Complete Part III.							
Name of organization		•		Empl	oyer identification number				
	CASCADE PUI	BLIC MEDIA			91-1221895				
Part I-A Compl		anization is exempt under	section 501(c) o	r is a section 527 or					
		•							
1 Provide a description	on of the organiz	ation's direct and indirect political	compoign activities in	Part IV					
2 Political campaign									
3 Volunteer hours for	political campai	gn activities							
Part I-B Compl	ete if the ora	anization is exempt under	section $501(c)(3)$	1					
	•	incurred by the organization under	section 4955	▶\$					
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo	r this year?						
4a Was a correction m					Yes No				
b If "Yes," describe in									
Part I-C Compl	ete if the org	anization is exempt under	section 501(c), e	except section 501(c	(3).				
1 Enter the amount c	lirectly expended	by the filing organization for secti	on 527 exempt functio	on activities > \$					
2 Enter the amount of	of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527					
exempt function ac	tivities			► \$					
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,						
line 17b				▶\$					
					Yes No				
5 Enter the names, a	ddresses and em	ployer identification number (EIN)							
made payments. Fe	or each organiza	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also enter the	amount of political				
contributions receiv	ved that were pro	omptly and directly delivered to a s	eparate political organ	nization, such as a separate	e segregated fund or a				
political action com	nmittee (PAC). If a	additional space is needed, provide	e information in Part IV	Ι.					
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's	contributions received and				
				funds. If none, enter -0	promptly and directly				
					delivered to a separate				
					political organization. If none, enter -0				
				1	1				

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

SCHEDULE C

(Form 990)

2021

	CASCADE PUBLIC M				L221895 Page 2
Part II-A Complete if the orga section 501(h)).	anization is exen	npt under sectio	n 501(c)(3) and filed	d Form 5768 (el	ection under
	ion belongs to an affi	liated group (and list i	in Part IV each affiliated g	roup member's nam	ne. address. EIN.
	e of excess lobbying e				, , , , , , ,
	ion checked box A ar	• •	rovisions apply.		
Limit	s on Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means amou	ints paid or incurred	.)	totals	
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	·	· ····································			
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the exe			
Over \$1,000,000 but not over \$1,50		•	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
j If there is an amount other than zer reporting section 4911 tax for this y (Some organizations th	/ear? 4-Year Ave at made a section 5	eraging Period Unde 01(h) election do not	r Section 501(h) have to complete all of		Yes No
	· · ·	ate instructions for I	ear Averaging Period		
	Lobbying Exper				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					lule C (Form 990) 2021

Schedule C (Form 990) 2021

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	v		
c Media advertisements?		X X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?f Grants to other organizations for lobbying purposes?	x			31,200.
	x			51,200.
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		x		
i Other activities?		x		
j Total. Add lines 1c through 1i				31,200.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	Νο
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 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
answered "Yes."			II A, IIIC	0,13
Dues, assessments and similar amounts from members		1		
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
LINE 1F - LOBBYING PORTION OF DUES PAID FOR MEMBERSHIP IN ASSOCIATION				
OF PUBLIC TELEVISION STATIONS (APTS) ACTION, INC WHICH PROMOTES THE				
CONTINUED GROWTH AND DEVELOPMENT OF A STRONG AND FINANCIALLY SOUND				

NONCOMMERCIAL TELEVISION SERVICE FOR THE AMERICAN PUBLIC.

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.



Name	e of the organization CASCADE PUBLIC MEDIA			Employer identification number 91-1221895
Par		d Funds or Other Similar Fund	ls or Ac	
1 41	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(1) Funds and other accounts
4	Total number at and of user		,,	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3 4	Aggregate value of grants from (during year)			
- 5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in depart ad	l visod funde	2
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
				·
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	0, Part IV, I	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation	· · · · · ·	of a histor	rically important land area
	Protection of natural habitat	Preservation	of a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a con	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	cture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organiz	ation during the tax
	year ►			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation eas	ements during the year
•			70/h)///D)/:	
8	Does each conservation easement reported on line 2(d) above and paction 170(b)(4)(P)(ii)2	, ,		
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			l describes the
Par		Art, Historical Treasures, or (Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statemen	t and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finar			•
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				► \$
2	If the organization received or held works of art, historical treat			rovide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			▶ \$

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

	dule D (Form 990) 2021 CASCADE PUB						1221895		Page 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tr	easures, oi	r Other S	Similar Ass	sets _{(co}	ontinued	d)
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	make signi	ificant use of	its		
	collection items (check all that apply):		, ,	0	Ũ				
а	Public exhibition	d	I oan or ex	change progra	m				
b	Scholarly research	e		isina ing o progra					
c	Preservation for future generations	· ·							
4	Provide a description of the organization's co	llections and explain	how they further	the organizatio	n's exempt	t nurnose in F	Part XIII		
5	During the year, did the organization solicit or						are xiii.		
Ŭ	to be sold to raise funds rather than to be ma						Ye	. [No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		te il the organizati	on answered		//// 330, 1 art	iv, inte 3	, 01	
10			any for contributio	an or other and	oto not incl	ludod			
Ia	Is the organization an agent, trustee, custodia							- F	
	on Form 990, Part X?						Ye	S L	No
a	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				۸m	ount	
							Am	Juni	
	Beginning balance								
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo					?	Ye	s L	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if	-							<u> </u>
	-	(a) Current year	(b) Prior year	(c) Two year		Three years b			
	Beginning of year balance	36,965,833.	29,995,704	,		14,320,3			3,322.
b	Contributions	4,481,515.	479,462		,078 .	11,911,03			4,519.
с	Net investment earnings, gains, and losses	-5,176,984.	7,381,255	. 1,253	657.	2,122,4	75.	85	7,683.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	609,224.	778,114	. 83	8,793.	54,00		3	0,246.
f	Administrative expenses	102,442.	112,474	. 114	,033.	74,90	57.	4	4,942.
	End of year balance	35,558,698.	36,965,833	. 29,995	5,704.	28,224,7	95.	14,32	0,336.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	46.1600	%						
b	Permanent endowment 45.0500	%	-						
с	Term endowment 8.7900	%							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held a	and administer	ed for the c	organization			
	by:	0				0		Ye	s No
	(i) Unrelated organizations						38	a(i)	x
	(ii) Related organizations							(ii)	x
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	d on Schedule R?)			3	b	<u> </u>
4	Describe in Part XIII the intended uses of the							-	
<u> </u>	t VI Land, Buildings, and Equipme								
	Complete if the organization answered		Part IV. line 11a.	See Form 990	. Part X. line	e 10.			
	Description of property	(a) Cost or ot	-	st or other		umulated	(d) [Book va	
	Description of property	basis (investm	• •	s (other)	• •	eciation	(u) !		liue
10	Land	· · · · ·	,	9,413,063.				9 4 1	3,063.
	Land			9,224,761.	R	,169,024.			5,737.
	Buildings			, , /	0	, 105, 024.		±,00	<u>, , , , , , , , , , , , , , , , , , , </u>
	Leasehold improvements			5,576,822.	• • •	,629,794.		1 0/	7 028
	Equipment				23	,049,194.			$\frac{7,028}{9,317}$
	Other			4,008,317.					8,317.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line	10c.)					4,145.
						Sche	dule D (F	orm 99	30) 2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-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"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.			1
		1e or 11f See Form 990 Part X line 25	-
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	16 01 111. See 1 0111 330, 1 att A, inte 20).
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		(b) Book value
I. (a) Description of liability	on Form 990, Part IV, line 1		
(a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) FUTURE GIFT ANNUITY PAYMENTS	on Form 990, Part IV, line 1		(b) Book value 433,955
(a) Description of liability (1) Federal income taxes (2) FUTURE GIFT ANNUITY PAYMENTS (3) ACCRUED LIABILITIES	on Form 990, Part IV, line 1		(b) Book value 433,955
(a) Description of liability (1) Federal income taxes (2) FUTURE GIFT ANNUITY PAYMENTS (3) ACCRUED LIABILITIES (4)	on Form 990, Part IV, line 1		(b) Book value 433,955
(a) Description of liability (1) Federal income taxes (2) FUTURE GIFT ANNUITY PAYMENTS (3) ACCRUED LIABILITIES (4) (5)	on Form 990, Part IV, line 1		(b) Book value 433,955
(a) Description of liability (1) Federal income taxes (2) FUTURE GIFT ANNUITY PAYMENTS (3) ACCRUED LIABILITIES (4) (5) (6)	on Form 990, Part IV, line 1		(b) Book value 433,955
(a) Description of liability (1) Federal income taxes (2) FUTURE GIFT ANNUITY PAYMENTS (3) ACCRUED LIABILITIES (4) (5) (6) (7)	on Form 990, Part IV, line 1		(b) Book value 433,955
I. (a) Description of liability (1) Federal income taxes (2) (2) FUTURE GIFT ANNUITY PAYMENTS (3) (3) ACCRUED LIABILITIES (4) (5) (6)	on Form 990, Part IV, line 1		

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 CASCADE PUBLIC MEDIA			91-12	21895 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	33,514,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-9,310,078.		
b	Donated services and use of facilities	2b	160,982.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	397,173.		
е	Add lines 2a through 2d			2e	-8,751,923.
3	Subtract line 2e from line 1			3	42,266,190.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,788.		
b	Other (Describe in Part XIII.)	4b	-698,780.		
с	Add lines 4a and 4b			4c	-578,992.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	.)		5	41,687,198.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	25,051,323.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	160,982.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,285,961.		
е	Add lines 2a through 2d			2e	1,446,943.
3	Subtract line 2e from line 1			3	23,604,380.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,788.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	119,788.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	23,724,168.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inform	ation.		
PAR	rV, LINE 4:				
ENDO	WMENT FUND EARNINGS ARE INTENDED TO BE USED TO HELP FUND	PROGRAMMING			
AND	OTHER OPERATING ACTIVITIES.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
יידי					
PIRF	ANHA PARTNERS REVENUE - INCL. IN CONSOLIDATED FINANCIAL				

STATEMENTS	385,435.	
ANNUITY PRESENT VALUE ADJUSTMENT	11,738.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	397,173.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT DIRECT EXPENSES	-686,342.	

Schedule D (Form 990) 2021 CASCADE PUBLIC MEDIA		91-1221895	Page 5
Part XIII Supplemental Information (continued)			
RENTAL EXPENSES	-12,438.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-698,780.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
PIRANHA PARTNERS EXPENSE - INCL. IN CONSOLIDATED FINANCIAL			
STATEMENTS	466,041.		
FRIENDS OF KCTS 9 EXPENSE - INCL. IN CONSOLIDATED FINANCIAL			
STATEMENTS	1,062.		
SPECIAL EVENT DIRECT EXPENSES			
RENTAL EXPENSES	12,438.		
PRIOR YEAR RETURNED GRANT			
TOTAL TO SCHEDULE D, PART XII, LINE 2D			
	_,		

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. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number 91-1221895 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on L

OMB No. 1545-0047

No

Name of the organization

CASCADE PUBLIC MEDIA

Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3 Activities	per Region. (The follo	wing Part I, line 3 table c	an be duplicated if additional s	pace is needed.)
--------------	------------------------	-----------------------------	----------------------------------	------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region	
NORTH AMERICA	0	1	FUNDRAISING	N/A	146,000.	
3 a Subtotal	0	1			146,000.	
b Total from continuation	0	0			0.	
sheets to Part I c Totals (add lines 3a	0	0			U.	
and 3b)	0	1			146 000.	

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

Schedule F (Form 990) 2021



Department of the Treasury

recipient who received more than \$5,000.	. Part II can b	e duplicated if	additional s	pace is need	led.

Schedule F (Form 990) 2021

Part II

CASCADE PUBLIC MEDIA

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 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								
ć	and EIN (if applicable) and EIN (if applicable) frecipient organization anization by the IRS, of	and EIN (if applicable) (C) Hegion (C) H	and EIN (if applicable) (C) Hegion grant grant grant frecipient organizations listed above that are recognized as charities by the f anization by the IRS, or for which the grantee or counsel has provided a sect	and EIN (if applicable) (c) Hegion grant of cash grant Image: Second Secon	and EIN (if applicable) (c) Region grant of cash grant cash disbursement Image:	and EIN (If applicable) (c) Region grant of cash grant cash disbursement assistance of cash grant cash disbursement assistance of cash grant cash disbursement assistance of cash grant cash disbursement assistance assistance of cash grant cash disbursement assistance assistance of cash grant cash disbursement assistance of cash grant cash disbursement assistance assistance of cash grant cash disbursement assistance as a tax anization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter assistance of cash grant cash disbursement assistance of cash grant cash disbursement assistance as a tax anization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equivalency letter assistance or causel has provided a section 501(c)(3) equi	and ElN (if applicable) (e) Region (c) applicable grant (c) applicable of cash grant (c) applicable cash disbursement noncash assistance of noncash assistance Image: International control of the problem of the p	

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

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.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
	1	1	1	1					

Schedule F (Form 990) 2021

Page 3

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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	XNo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	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," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

SCHEDULE G	Suppleme	ntal Information Rega	arding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "` organization entered more					r 19,	or if the	2021
Department of the Treasury		Attach to Fe							Open to Public Inspection
Internal Revenue Service Name of the organization		to www.irs.gov/Form990	for instru	uction	s and	the latest informati	on.	Employer is	Inspection Ientification number
Name of the organization	CASCADE PU	ST.T.C. MEDIA						91-12218	
Part I Fundrais		Complete if the organizatio		rod "V	oe" or	Earm 000 Part IV I	ino 1 ⁻		
	complete this part		in answe		63 01	11 0111 330, 1 at 10, 1		7. T OIIII 330-L	
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P	f X	Solicitat Solicitat Special dividual	ion of ion of fundra (includ	non-g gover iising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Y	
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (func		(ii) Activity		(iii) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ALLEGIANCE FUNDRAI	SING LLC -			Yes	No				
PO BOX 9132, FARGO	, ND 58106	PRINTING & MAILING SP	ERVICE		Х	13,223,220.		872,287	. 12,350,933.
Total 3 List all states in whi or licensing. WA	ch the organizatio	n is registered or licensed to	o solicit c	ontribu	↓ Utions	13 , 223 , 220 . or has been notified	it is e	872,287	, ,

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.

Т			(a) Event #1	(b) Event #2	(c) Other events	s greater than \$5,000.		
			CROSSCUT FESTIVAL			(d) Total events (add col. (a) through		
			GALA	MARCH TELETHON	11	col. (c)		
			(event type)	(event type)	(total number)	coi. (c))		
Revenue	1	Gross receipts	147,779.	208,227.	1,228,047.	1,584,053.		
	2	Less: Contributions	117,324.	83,992.		201,316.		
	3	Gross income (line 1 minus line 2)	30,455.	124,235.	1,228,047.	1,382,737.		
	4	Cash prizes						
	5	Noncash prizes		43,599.	329,838.	373,437.		
pense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	38,235.			38,235.		
-	8	Entertainment	5,650.			5,650.		
	9	Other direct expenses	64,069.	19,255.	185,696.	269,020.		
1	10 Direct expense summary. Add lines 4 through 9 in column (d)							
	11	696,395.						

ai i i i i i

\$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 5 Other direct expenses % Yes Yes % Yes % 6 Volunteer labor No No 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? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:

Sch	iedule G (Form 990) 2021	CASCADE PUBLIC M	IEDIA	91-122	1895	5	Page 3
11	Does the organization conduct ga	aming activities with nor	nmembers?	Ε	Y	/es	No
			rust, or a member of a partnership or other entity formed				
				[Y	/es	No No
13	Indicate the percentage of gamin	g activity conducted in:					
á	The organization's facility			1	3a		%
					3b		%
			the organization's gaming/special events books and records				
	Name						
45				г		/05	No
158	Does the organization have a con	itract with a third party h	from whom the organization receives gaming revenue?	L	т	es	
	of gaming revenue retained by th	e third party 🕨 \$	y the organization > \$ and the amount of the amount of the second	unt			
Ċ	: 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:						
	•	r state law to make char	ritable distributions from the gaming proceeds to				
	retain the state gaming license?			Γ	Y	/es	No No
t	•••		w to be distributed to other exempt organizations or spent in				
	organization's own exempt activit	ties during the tax year	▶ \$				
Pa	rt IV Supplemental Infor	mation. Provide the e	explanations required by Part I, line 2b, columns (iii) and (v);	and Part III	I, line	s 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provid	e any additional information. See instructions.				

CASCADE PUBLIC MEDIA

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

sc	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23		20		1
Depa	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		Inspe		
Nan	e of the organization			identificatio	on nu	mber
Da	rt I Question	CASCADE PUBLIC MEDIA s Regarding Compensation	91-1	L221895		
ГС		s negarating compensation			Vee	
10	Chock the appropri	ate box(es) if the organization provided any of the following to or for a person listed on For	m 000		Yes	No
1a		line 1a. Complete Part III to provide any relevant information regarding these items.	m 990,			
	First-class or c		eonal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation f				
		spending account				
			our, oner,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization	ı's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organize	ation to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	a committee X Written employment contract				
	X Independent of	compensation consultant I Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation	1 committee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		<u>4a</u>		X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
F		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	tion			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	lion			
~	contingent on the r			5a	х	
		ation?				x
u		ation?		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion			
0	contingent on the n		lion			
а				6a		x
		ation?				x
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer	its			
-		nes 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
-	-			8		х
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990) 2021

91-1221895

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	/-2 and/or 1099-MIS0 compensation	C 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 DUNLOP	(i)	360,202.	73,779.	529.	30,344.	5,092.	469,946.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(2) REBECCA FARWELL	(i)	213,895.	5,000.	1,466.	17,771.	3,834.	241,966.	0.	
SENIOR VP/COO	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(3) MICHELL PIHL	(i)	166,418.	5,000.	1,086.	24,856.	5,595.	202,955.	0.	
CHIEF FINANCE/ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KERRY O'KEEFE	(i)	157,298.	5,000.	138.	13,703.	2,640.	178,779.	0.	
VP OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JABRAN SOUBEIH	(i)	144,085.	5,000.	135.	22,113.	5,691.	177,024.	0.	
VP ENGINEERING & TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) KEVIN COLLIGAN	(i)	140,100.	1,000.	152.	23,940.	5,136.	170,328.	0.	
EXEC DIR DIGITAL PRODUCT & TECH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

THE DIRECTOR OF SPONSORSHIP AND BUSINESS DEVELOPMENT GENERALLY RECEIVES 3%

OF SPONSORSHIP AND RELATED REVENUE.

PART I, LINE 7:

THE CEO RECEIVES A BONUS EACH YEAR UP TO 20% OF HIS BASE COMPENSATION AS

DETERMINED BY THE BOARD. EXECUTIVE TEAM MEMBERS RECEIVED A BONUS GIVEN THE

ORGANIZATION'S PERFORMANCE.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service		Complete if the orga	nization answered	nformation on Tax-Exempt Bonds red "Yes" on Form 990, Part IV, line 24a. Provide descriptions, nd any additional information in Part VI. /Form990 for instructions and the latest information.									OMB No. 1545-0047 2021 Open to Public Inspection			
Name of the organizat		MEDIA			-	-	identif		n num	ber						
Part I Bond Issu	CASCADE PUBLIC	MEDIA								91-12	22189	0				
	lssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d) Date issued (e) Issue price					faced	(h) (h)	bobalf	(i) Po			
(a)	Issuer name	(D) ISSUER EIN	(C) COSIP #	(d) Date issued	(e) issu	e price	(i) Description	on of purpose	(g) Defeased (h) (of					cing		
									Yes	No	Yes	No		No		
WASHINGTON EC	WASHINGTON ECONOMIC DEVELOPMENT					ACQUISITION	103		103	110	103	110				
A FINANCE AUTHO	A FINANCE AUTHORITY 91-1493002 NONE 0				17,2	50,000.	AND CONSTRUC	TION		x		х		х		
В																
С																
D																
Part II Proceeds								r								
				A			В	С				D				
1 Amount of bond																
	ds legally defeased			1 🗖	250 000											
3 Total proceeds					<u>,250,000.</u>											
	in reserve funds															
	rest from proceeds															
6 Proceeds in refu					50,001.											
7 Issuance costs 1 8 Credit enhancer					50,001.											
	expenditures from proceeds															
				10	,199,999.											
11 Other spent pro					<u>, ,</u>											
12 Other unspent p																
13 Year of substan	tial completion				2022											
				Yes	No	Yes	No	Yes	No		Yes		No			
14 Were the bonds	s issued as part of a refunding	j issue of tax-exempt b	oonds (or,													
if issued prior to	2018, a current refunding is	sue)?			Х											
issued prior to 2	issued prior to 2018, an advance refunding issue)?				Х											
16 Has the final allo	ocation of proceeds been ma	de?		Х								\square				
0	ization maintain adequate bo	oks and records to su	pport the													
final allocation of	of proceeds?	Х														

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 CASCADE PUBLIC MEDIA

91-1221895	9	1-	1	2	2	1	8	9	5	
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Page 2

Schedule K (Folini 990) 2021 CASCADE TODETC MEDIA				221095				Faye
Part III Private Business Use		•				•		
		A		B		с и		D I
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						-
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
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?								L
${f c}$ Are there any research agreements that may result in private business use of								
bond-financed property?		X						
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		%		%		%		
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		%		%		%		
6 Total of lines 4 and 5		%		%		%		
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?		х						
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								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage				11		1 1		
		Δ		В		с	I	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?				1		•		
a Rebate not due yet?	Х							
b Exception to rebate?		X						1
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was				-		1		1
performed								
		x		1 1				
3 Is the bond issue a variable rate issue?		L		1]			odulo K (Eo	

Schedule K (Form 990) 2021 CASCADE PUBLIC MEDIA

91-1221895	
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Page 3

Part IV Arbitrage (continued)								
		A	E	3		2	C	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
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?		X						
 7 Has the organization established written procedures to monitor the 								
requirements of section 148?	x							
Part V Procedures To Undertake Corrective Action	•	•	•		•			
		A	E	3		2	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	x							
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	K. See instru	uctions.		•			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

2021 Open to Public Inspection

Name of the organization

CASCADE PUBLIC MEDIA

Employer identification number
91-1221895

Pa	rt I Types 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 de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	396	631,005,	FAIR MARKET VALU	E		
7	Boats and planes			,				
8	Intellectual property							
9	Securities - Publicly traded	x	42	252,819	FAIR MARKET VALU	E		
10	Securities - Closely held stock			, ,				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Augulified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GIFT CARDS)	X	23	7,800.	FAIR MARKET VALU	E		
26	Other ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			12	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	ised for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review of	of any nonstandard contribu	itions?	31	Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	y for which column (a) is che	cked,			
	describe in Part II.				-			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	0.	Schedule N	/ (Forr	n 990)	2021

Schedule M (Form 990) 2021	CASCADE	PUBLIC	MEDIA	
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTION OF CARS IS BASED ON THE NUMBER OF CARS RECEIVED.

NUMBER OF CONTRIBUTORS OF SECURITIES REPRESENTS THE NUMBER OF SEPARATE

GIFTS RECEIVED. ALL OTHER CONTRIBUTIONS REPRESENT THE NUMBER OF

CONTRIBUTORS.

SCHEDULE M, LINE 32B:

VEHICLE DONATIONS ARE PROCESSED BY CONTRACT WITH AN OUTSIDE PARTY.

91-1221895

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 91-1221895

CASCADE PUBLIC MEDIA

FORM 990, 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 INSPIRE A SMARTER WORLD.

FORM 990, PART I, LINE 6:

VOLUNTEERS HELPED WITH COMMUNITY ENGAGEMENT EVENTS AND FUNDRAISING

EVENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FOR THEIR FINAL REVIEW AND COMMENT PRIOR TO SUBMISSION. AFTER THE COMMENT

PERIOD, THE RETURN WAS SIGNED BY AN OFFICER OF CASCADE PUBLIC MEDIA.

Name of the organization	Employer identification numbe
CASCADE PUBLIC MEDIA	91–1221895
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	
DR POTENTIAL CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	

MARKET SALARY DATA FOR EXECUTIVES IS COLLECTED FROM SIMILAR SIZED PBS

STATIONS, LOCAL NON-PROFIT ORGANIZATIONS, AND MARKET SALARY SURVEYS. THIS

DATA AND PROPOSED SALARIES ARE REVIEWED 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 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

Schedule O (Form 990) 2021		Page 2
Name of the organization CASCADE PUBLIC MEDIA		Employer identification number 91-1221895
		91-1221095
PUBLIC MEDIA FCC ONLINE PUBLIC FILE.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
ANNUITY PRESENT VALUE ADJUSTMENT	11,738.	
PRIOR YEAR RETURNED GRANT	-120,078.	
TOTAL TO FORM 990, PART XI, LINE 9	-108,340.	

SCH	IEDULE R
	1

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CASCADE PUBLIC MEDIA

91-1221895

Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS OF KCTS 9 SOCIETY							
510 WEST GEORGIA STREET, #1800					CASCADE PUBLIC		
VANCOUVER, BC, CANADA V6B	FUNDRAISE FOR PUBLIC MEDIA	CANADA	501(C)(3)		MEDIA	x	
	-						

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

Schedule R (Form 990) 2021

Part III 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.

	······································	,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	tion b)(13) rolled tity?
		country)						Yes	No
PIRANHA PARTNERS INC 91-1532689	_								
401 MERCER STREET			CASCADE PUBLIC						
SEATTLE, WA 98109-4640	MEDIA PRODUCTION	WA	MEDIA	C CORP	385,435.	212,523.	100%	x	
	-								
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)	1 i		
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	-	X	╈
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses		X	+
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PIRANHA PARTNERS INC.	Q	65,600.	CASH PAYMENTS
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 CASCADE PUBLIC MEDIA

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.

(0)	<u> </u>	F	(d)	1-	、	(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec.)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
												1
												
												<u> </u>

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CASCAL Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.