

Form 990-T

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

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 120,310,092, D Employer identification number 91-1221895, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 4

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No

L The books are in care of EMILY KRAGH Telephone number 206-443-6702

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 11: Unrelated business taxable income 584,103.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 7: Total tax 122,662.

Part III Tax and Payments

Table with 5 rows for Part III: Tax and Payments. Line 5: Current net 965 tax liability paid from Form 965-A, Part II, column (k) 0.

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

OMB No. 1545-0047

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning** JUL 1, 2023 **and ending** JUN 30, 2024

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:                    | <b>C</b> Name of organization<br>CASCADE PUBLIC MEDIA  | <b>D</b> Employer identification number<br>91-1221895   |
| <input type="checkbox"/> Address change          | Doing business as CASCADE PBS, KCTS9, KCTS9.ORG, CROSSCUT, CROS  | <b>E</b> Telephone number<br>(206) 728-6463   |
| <input type="checkbox"/> Name change             | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>316 BROADWAY  |   |
| <input type="checkbox"/> Initial return          | City or town, state or province, country, and ZIP or foreign postal code<br>SEATTLE, WA 98122  | <b>G</b> Gross receipts \$ 68,799,857.  |
| <input type="checkbox"/> Final return/terminated | <b>F</b> Name and address of principal officer: ROBERT I. DUNLOP<br>SAME AS C ABOVE  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <input type="checkbox"/> Amended return          |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions                                   |
| <input type="checkbox"/> Application pending     | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | <b>H(c)</b> Group exemption number  |
| <b>J</b> Website: WWW.CASCADEPBS.ORG             |  | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |
|  |  | <b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: WA   |

**Part I Summary**

|  |  |                           |              |            |
|--|--|---------------------------|--------------|------------|
|  | 1 Briefly describe the organization's mission or most significant activities: CASCADE PUBLIC MEDIA IS A<br>NONPROFIT MEDIA ORGANIZATION SERVING WASHINGTON STATE AND WESTERN |                           |              |            |
| Activities & Governance  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                    |                           |              |            |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  |              | 19         |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  |              | 19         |
|  | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)   | <b>5</b>                  |              | 141        |
|  | 6 Total number of volunteers (estimate if necessary)   | <b>6</b>                  |              | 179        |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 |              | 1,038,120. |
|  | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>                 |              | 584,103.   |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |            |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 33,732,431.               | 36,203,100.  |            |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 40,113.                   | 169,863.     |            |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 1,438,902.                | 1,824,471.   |            |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 3,341,121.                | 3,462,254.   |            |
|  |  | 38,552,567.               | 41,659,688.  |            |
|  |  | 4,500.                    | 43,000.      |            |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.                        | 0.           |            |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 12,851,931.               | 14,135,001.  |            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 906,584.                  | 860,596.     |            |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           |              |            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 5,537,242.                |              |            |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 13,010,272.               | 15,363,297.  |            |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 26,773,287.               | 30,401,894.  |            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 | 11,779,280.  | 11,257,794.               |              |            |
| Net Assets or Fund Balances                                    | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |            |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 108,295,458.              | 120,310,092. |            |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 25,326,899.               | 24,502,315.  |            |

**Part II Signature Block**

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

|                               |   |                                       |   |
|-------------------------------|---|---------------------------------------|---|
| <b>Sign Here</b>              | Signature of officer  | Date                                  | 09/31/2025  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>MEGAN R. RYAN                             | Preparer's signature<br>MEGAN R. RYAN | Date<br>03/28/25  |
|                               | Firm's name<br>CLARK NUBER, PS  | Firm's EIN<br>91-1194016              | Check if self-employed <input type="checkbox"/> PTIN<br>P00737884 |
|                               | Firm's address<br>10900 NE 4TH STREET, SUITE 1400<br>BELLEVUE, WA 98004 | Phone no.<br>425-454-4919             |   |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization (CASCADE PUBLIC MEDIA), B Employer identification number (91-1221895), C Unrelated business activity code (540000), D Sequence (1 of 4)

E Describe the unrelated trade or business INCOME DERIVED FROM NON-BROADCAST ADVERTISING ACTIVITIES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a-13 Total with values like 412,793 and 280,667.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1-18 with values like 1,215 and 130,911.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |   |  |
|---|---|--|
| 1 Inventory at beginning of year .....  | 1 |  |
| 2 Purchases .....   | 2 |  |
| 3 Cost of labor .....   | 3 |  |
| 4 Additional section 263A costs (attach statement) .....  | 4 |  |
| 5 Other costs (attach statement) .....  | 5 |  |
| 6 <b>Total.</b> Add lines 1 through 5 .....   | 6 |  |
| 7 Inventory at end of year .....  | 7 |  |
| 8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....  | 8 |  |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....  |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |    |
| a Straight line depreciation (attach statement) .....   |   |   |   |    |
| b Other deductions (attach statement) .....   |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D) .....   |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |   |   |   |    |
| 6 Divide line 4 by line 5 .....   | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B).                 |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |          |
|---|--|---|----------|
| 1 | Description of exploited activity: <u>NON-BROADCAST ADVER</u>  |   |          |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 | 412,793. |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 | 280,667. |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 | 132,126. |
| 5 | Gross income from activity that is not unrelated business income   | 5 | 0.       |
| 6 | Expenses attributable to income entered on line 5  | 6 | 0.       |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | 0.       |



| FORM 990-T (A)                        | OTHER DEDUCTIONS | STATEMENT 1 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION                           |                  | AMOUNT      |
| ACCOUNTING FEES                       |                  | 1,215.      |
| TOTAL TO SCHEDULE A, PART II, LINE 14 |                  | 1,215.      |

| FORM 990-T SCHEDULE A                                    | DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY | STATEMENT 2 |
|--|---|-------------|
| INCOME DERIVED FROM NON-BROADCAST ADVERTISING ACTIVITIES |   |             |
| TO FORM 990-T, SCHEDULE A, LINE E                        |   |             |

| FORM 990-T (A)                                       | PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME | STATEMENT 3 |          |
|--|--|-------------|----------|
| DESCRIPTION  | ACTIVITY NUMBER  | AMOUNT      | TOTAL    |
|  |  | 280,667.    |          |
| - SUBTOTAL -   | 1  |             | 280,667. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3 |  |             | 280,667. |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business INVESTMENT ACTIVITIES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc.

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

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |          |  |
|---|----------|--|
| 1 Inventory at beginning of year .....  | <b>1</b> |  |
| 2 Purchases .....   | <b>2</b> |  |
| 3 Cost of labor .....   | <b>3</b> |  |
| 4 Additional section 263A costs (attach statement) .....  | <b>4</b> |  |
| 5 Other costs (attach statement) .....  | <b>5</b> |  |
| 6 <b>Total.</b> Add lines 1 through 5 .....   | <b>6</b> |  |
| 7 Inventory at end of year .....  | <b>7</b> |  |
| 8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....  | <b>8</b> |  |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |          |  |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....  |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |    |
| a Straight line depreciation (attach statement) .....   |   |   |   |    |
| b Other deductions (attach statement) .....   |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D) .....   |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |   |   |   |    |
| 6 Divide line 4 by line 5 .....   | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B).                 |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross advertising income .....   |   |   |   |    |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   | 0. |

|  |  |  |  |    |
|--|--|--|--|----|
| a  |  |  |  |    |
| 3 Direct advertising costs by periodical .....                                 |  |  |  |    |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  | 0. |

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

- 5 Readership costs .....
- 6 Circulation income .....
- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1)     |          | %   |  |
| (2)     |          | %   |  |
| (3)     |          | %   |  |
| (4)     |          | %   |  |

Total. Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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| FORM 990-T (A)   | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 4          |
|--|---------------------------------|----------------------|
| DESCRIPTION  |                                 | NET INCOME OR (LOSS) |
| PUBLIC MEDIA VENTURE GROUP LLC - ORDINARY BUSINESS INCOME (LOSS)       |                                 | -182.                |
| PUBLIC TELEVISION MAJOR MARKET GROUP - ORDINARY BUSINESS INCOME (LOSS) |                                 | -107.                |
| PUBLIC TELEVISION MAJOR MARKET GROUP - INTEREST INCOME                 |                                 | 4.                   |
| PUBLIC TELEVISION MAJOR MARKET GROUP - DIVIDEND INCOME                 |                                 | 508.                 |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5                           |                                 | 223.                 |

| FORM 990-T (A)                        | OTHER DEDUCTIONS | STATEMENT 5 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION                           |                  | AMOUNT      |
| ACCOUNTING FEES                       |                  | 135.        |
| TOTAL TO SCHEDULE A, PART II, LINE 14 |                  | 135.        |

| FORM 990-T (A)           | POST 2017 NOL SCHEDULE | STATEMENT 6                   |
|--------------------------|------------------------|-------------------------------|
| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION          | CARRYFORWARD OF POST 2017 NOL |
| 3,106.                   | 311.                   | 2,795.                        |

| 990-T SCH A                       | POST-2017 NET OPERATING LOSS DEDUCTION |                         |                | STATEMENT 7         |
|-----------------------------------|--|-------------------------|----------------|---------------------|
| TAX YEAR                          | LOSS SUSTAINED                         | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/21                          | 248.                                   | 0.                      | 248.           | 248.                |
| 06/30/22                          | 1,389.                                 | 0.                      | 1,389.         | 1,389.              |
| 06/30/23                          | 1,469.                                 | 0.                      | 1,469.         | 1,469.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |  |                         | 3,106.         | 3,106.              |

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 8

|  |          |
|--|----------|
| TAXABLE INCOME FROM ALL ENTITIES                         | 585,414. |
| THIS ENTITIES PORTION OF TAXABLE INCOME                  | 389.     |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS  | .07%     |
| THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS        | 0.       |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS         | 389.     |
| 80% INCOME LIMITATION                                    | 311.     |
| POST-2017 AVAILABLE                                      | 3,106.   |
| LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | 311.     |

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

|                                  |  |
|----------------------------------|--|
| Name<br><br>CASCADE PUBLIC MEDIA | Employer identification number<br><br>91-1221895 |
|----------------------------------|--|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 |   | <b>7</b>   |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | 301.   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 |  | <b>11</b>  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 |  | 301.   |

**Part III Summary of Parts I and II**

|  |           |      |
|--|-----------|------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> |      |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> | 301. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        | <b>18</b> | 301. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.



SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization (CASCADE PUBLIC MEDIA), B Employer identification number (91-1221895), C Unrelated business activity code (530000), D Sequence (3 of 4)

E Describe the unrelated trade or business CELL TOWER PERSONAL PROPERTY RENTAL

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |  |  |
|---|--|--|
| 1 | Inventory at beginning of year   | 1  |
| 2 | Purchases  | 2  |
| 3 | Cost of labor  | 3  |
| 4 | Additional section 263A costs (attach statement)   | 4  |
| 5 | Other costs (attach statement)   | 5  |
| 6 | <b>Total.</b> Add lines 1 through 5  | 6  |
| 7 | Inventory at end of year   | 7  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2                           | 8  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  CELL TOWER 1611 18TH AVE, SEATTLE, WA 98122

B

C

D

|   | A        | B | C | D        |
|---|----------|---|---|----------|
| 2 Rent received or accrued  |          |   |   |          |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)                           | 0.       |   |   |          |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 487,212. |   |   |          |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D   | 487,212. |   |   |          |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)                           |          |   |   | 487,212. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) STMT 10   | 31,748.  |   |   |          |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)                                    |          |   |   | 31,748.  |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A

B

C

D

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property  |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |    |
| a Straight line depreciation (attach statement)   |   |   |   |    |
| b Other deductions (attach statement)   |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D)   |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement)                               |   |   |   |    |
| 6 Divide line 4 by line 5   | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6  |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |   |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|---|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                 | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |   |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10          |   |  |
| (1)                                |   |                                     |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |   |  |
| <b>Totals</b>                      |   |                                     | 0.   | 0.  |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |



FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION

AMOUNT

ACCOUNTING FEES

1,350.

TOTAL TO SCHEDULE A, PART II, LINE 14

1,350.

FORM 990-T (A)

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 10

DESCRIPTION

ACTIVITY  
NUMBER

AMOUNT

TOTAL

SALARIES

5,480.

UTILITIES, ELECTRICITY

2,655.

CONTRACT FEE

4,338.

UTILITIES, WATER/SEWAGE/GARBAGE

4,677.

PROPERTY TAX

897.

REPAIR/MAINTENANCE

10,462.

SHIPPING, FREIGHT & DELIVERY

34.

SERVICE AGREEMENTS

3,205.

- SUBTOTAL - 1

31,748.

TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4

31,748.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization (CASCADE PUBLIC MEDIA), B Employer identification number (91-1221895), C Unrelated business activity code (510000), D Sequence (4 of 4)

E Describe the unrelated trade or business INCOME DERIVED FROM PRODUCTION

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a-13 Total with values like 169,863 and 215,409.

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

Table with 3 columns: Description, 7, 8a, 8b, 9-18. Rows include 1 Compensation of officers, 2 Salaries and wages, 7 Depreciation, 15 Total deductions (0), 16 Unrelated business income before net operating loss deduction (-45,546), 18 Unrelated business taxable income (-45,546).

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year   | 1 |  |
| 2 | Purchases  | 2 |  |
| 3 | Cost of labor  | 3 |  |
| 4 | Additional section 263A costs (attach statement)   | 4 |  |
| 5 | Other costs (attach statement)   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5  | 6 |  |
| 7 | Inventory at end of year   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued  |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)                           |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D   |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)                           | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement)   |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)                                    | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property  |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property   |    |   |   |   |
| a Straight line depreciation (attach statement)   |    |   |   |   |
| b Other deductions (attach statement)   |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D)   |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)                   |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement)                               |    |   |   |   |
| 6 Divide line 4 by line 5   | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6  |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6  |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10   | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B).                 |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |          |
|---|--|---|----------|
| 1 | Description of exploited activity: <u>PRODUCTION</u>   |   |          |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 | 169,863. |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 | 215,409. |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 | -45,546. |
| 5 | Gross income from activity that is not unrelated business income   | 5 | 0.       |
| 6 | Expenses attributable to income entered on line 5  | 6 | 0.       |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | 0.       |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross advertising income .....   |   |   |   |    |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   | 0. |

|  |  |  |  |    |
|--|--|--|--|----|
| a  |  |  |  |    |
| 3 Direct advertising costs by periodical .....                                 |  |  |  |    |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  | 0. |

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

5 Readership costs .....

6 Circulation income .....

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1)     |          | %   |  |
| (2)     |          | %   |  |
| (3)     |          | %   |  |
| (4)     |          | %   |  |

Total. Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 11  
PRODUCTION OF UNRELATED BUSINESS INCOME

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| <u>DESCRIPTION</u>                                   | <u>ACTIVITY<br/>NUMBER</u> | <u>AMOUNT</u> | <u>TOTAL</u> |
|--|----------------------------|---------------|--------------|
|  |                            | 215,409.      |              |
| - SUBTOTAL -   | 2                          |               | 215,409.     |
| TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3 |                            |               | 215,409.     |

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

|                                  |  |
|----------------------------------|--|
| Name<br><br>CASCADE PUBLIC MEDIA | Employer identification number<br><br>91-1221895 |
|----------------------------------|--|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 |   | <b>7</b>   |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | 301.   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 |  | <b>11</b>  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 |  | 301.   |

**Part III Summary of Parts I and II**

|  |           |      |
|--|-----------|------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> |      |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> | 301. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        | <b>18</b> | 301. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

CASCADE PUBLIC MEDIA

91-1221895

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). <b>See instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|---|--|---|---|----------------------------------|---|--|--------------------------------|--|
|   |  |   |   |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of<br>adjustment |  |
|   | PUBLIC TELEVISION MAJOR<br>MARKET GROUP                      |   |   |                                  |   |  |                                | 301.   |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ..... |  |   |   |                                  |   |  |                                | 301.   |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.