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" 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	e 202	2 calendar year, or tax year beginn	ing 07/01/202	22	and ending	g		06/3	30/2023	3
R ^	heck if ap	onlinght-	C Name of organization					D Employer ide	ntificat	ion number	r
D 0	_		KUOW/PUGET SOUND PUBLI	C RADIO							
	Addre chang		Doing Business As					91-	2079	402	
	Name	change	Number and street (or P.O. box if mail is no	t delivered to street address	3)	Room/suite		E Telephone nu	ımber		
	Initial	return	4518 UNIVERSITY WAY NE]			310	(20	6)54	13-271	0
	Termi	inated	City or town, state or province, country, and	d ZIP or foreign postal code							
	Amen returr		SEATTLE, WA 98105-4535)				G Gross receipt	s\$ 2	21,581	,474.
	Applio pendi		F Name and address of principal officer:	CARYN G MATHE	ES			H(a) Is this a grou subordinates?		or Y	es X No
			4518 UNIVERSITY WAY NE	310, SEATTLE,	, WA 98	105-4535		H(b) Are all subordi		ded? Y	es No
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527		If "No," attac	n a list. (s	ee instruction	ıs)
J	Websi	te: 🕨	WWW.KUOW.ORG					H(c) Group exemp	tion num	ber 🕨	
K	Form (of organ	nization: X Corporation Trust As	ssociation Other >		L Year of	format	ion: 2000 M	State of	legal domic	cile: WA
P	art I	Sui	mmary								
	1	Briefly	/ describe the organization's mission or r	nost significant activities	: KUOW	OPERATES	TH	REE RADIO	STAT	CIONS T	ro
e		PROV	VIDE NEWS, INFORMATION, A	ND CULTURAL PR	OGRAMS.						
Jan											
Governance	2	Check	this box if the organization disc	continued its operations	s or dispose	ed of more than	 า 25%	of its net assets			
Ô	3	Numb	er of voting members of the governing bo	ody (Part VI, line 1a)			_		3		23
ა ბ			er of independent voting members of the						4		23
ij	5	Total	number of individuals employed in calend	dar year 2022 (Part V, Iir	ne 2a)				5		NONE
Activities &			number of volunteers (estimate if necessa						6		26
ĕ	7a	Total	unrelated business revenue from Part VIII	, column (C), line 12					7a		49,050
			nrelated business taxable income from Fo						7b		48,050
								Prior Year		Current	t Year
ø	8	Contri	butions and grants (Part VIII, line 1h)					21,977,46	0.	21,2	58,292.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		l cor	Y FOR		94,72	7.		83,674
eve	10		ment income (Part VIII, column (A), lines		PUBLIC IN	ISPECTION		241,55	0.	2	39,508
Œ	11	Other	revenue (Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)		[NC	NE		NON:
	12		revenue - add lines 8 through 11 (must e					22,313,73	7.	21,58	81,474.
	13	Grant	s and similar amounts paid (Part IX, colum	nn (A), lines 1-3)				NC	NE		NON:
	14		its paid to or for members (Part IX, column					NC	NE		NON
ģ	15		es, other compensation, employee benefi					NC	NE		NON:
Expenses			ssional fundraising fees (Part IX, column (NC	NE		NON
xbe	b	Total 1	fundraising expenses (Part IX, column (D)	, line 25) ▶ 5,80	07,603.						
Ш			expenses (Part IX, column (A), lines 11a-					19,526,56	9.	23,9	76,179.
			expenses. Add lines 13-17 (must equal P					19,526,56	9.	23,9	76,179.
	19	Rever	nue less expenses. Subtract line 18 from li	ine 12				2,787,16	8.	-2,39	94,705.
s or							Begin	ning of Current Y	ear	End of	Year
sets	20	Total	assets (Part X, line 16)					22,051,72	5.	33,1	22,507.
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)					582,49	3.	13,5	32,099.
SE E	22		ssets or fund balances. Subtract line 21 fr					21,469,23	2.	19,59	90,408.
Pa	ırt II	Sig	gnature Block								
Une	der per	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than o	return, including accompa	anying schedu	ules and statem	ents, a	and to the best of	my kno	owledge and	d belief, it is
	5, 00110	Tot, and	complete. Declaration of preparer (other than o	meer) is based on an innorm	nation of will	cii picpaici ilas	arry Ki	lowicage.			
ei.	m										
Sig He			Signature of officer) D)\V				Date			
116	- C	-	YN MATHES O		PRESID	ENT AND	GM				
			Type or print name and title								
Paid	1	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	N	
	a parer	CHR	ISTOPHER EBERT C	CHRISTOPHER EE	BERT	04/26/	/202	4 self-employe	d P(0070709	90
	Only	Firm's	s name ► BDO USA					Firm's EIN		-538159	
	-		address ► 601 UNION STREET S					Phone no.		382-7	1777
May	the I	RS dis	cuss this return with the preparer shown a	above? (see instructions))					X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	instructions.						Form 9	990 (2022)

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Pa		tement of Program Service									
_			a response or note to any line in this P	art III							
1	=	be the organization's missi									
			ADIO IS A NONPROFIT ORGANIZ								
			PROVIDE NEWS, INFORMATION								
			EATTLE AREA. OUR MISSION IS	S TO CREATE AND							
_		MORE INFORMED PUBL		waar waliah wara sat liatad oo t	<u> </u>						
2	prior Form 99	90 or 990-EZ?	nificant program services during the								
_		ribe these new services on									
3	services?		ng, or make significant changes in								
4			service accomplishments for each of	f its three largest program ser	vices, as measured by						
	expenses. Se	ection 501(c)(3) and 501(c)(4) organizations are required to re for each program service reported.								
4a	(Code:) (Expenses \$ 1	4,665,176. including grants of \$	NONE) (Revenue \$	34,624.						
	KUOW PUG	ET SOUND PUBLIC RA	ADIO IS A PRIVATE 501(C)(3)) ORGANIZATION							
	THAT OPE	RATES RADIO STATIO	ONS SERVING THE PUGET SOUNI	O AREA. KUOW							
	PROVIDES NEWS AND INFORMATION AND EXTENSIVE REGIONAL COVERAGE OF										
	CIVIC CO	NCERN. PROGRAMMING	G IS HEARD ON KUOW-FM 94.9	SEATTLE, KUOW							
	1340 AM	TUMWATER, AND KQOW	7 90.3 BELLINGHAM, WA.								
4b	(Code:) (Expenses \$	NONE including grants of \$	NONE) (Revenue \$	NONE)						
	`										
4c	(Code:) (Expenses \$	NONE including grants of \$	NONE) (Revenue \$	NONE)						
. •	(0000.	/ (Ξ/φοιίσσο ψ									
اہ 4	Other press	m continue (Deceribe en C	shadula ()								
4 0	(Expenses \$	m services (Describe on Se		2 Quic \$							
4-	· ·		grants of \$) (Reven	iu c φ)							
40	ı otal prograr	m service expenses	14,665,176.								

Form **990** (2022)

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	v	
h	complete Schedule D, Part VI	11a	X	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 1
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			3.5
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		7.7
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19		10		v
20 2	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		V	NI-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 57			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

JSA 2E1030 2.000

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Par	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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	Х	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	711	Λ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

KUOW/PUGET SOUND PUBLIC RADIO 91-2079402

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response 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 Section A. Governing Body and Management No 1a 23 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Χ Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Χ rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Χ 13 14 Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b Χ 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 Χ 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website 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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records JESSICA DIAL 4518 UNIVERSITY WAY NE SUITE 310 SEATTLE, WA 98105-4535

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related	hours for related organizations below dotted line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) RANDY HODGINS	2.00									
UW LICENSE DIRECTOR	NONE	x						NONE	NONE	NONE
(2) VIRGINIA ANDERSON	1.50									3.03.12
DIRECTOR (THRU 10/22)	NONE	X						NONE	NONE	NONE
(3) MARK ASHIDA	1.50									
FIN INV. SUB-COMM - CHAIR	NONE	Х						NONE	NONE	NONE
(4) CARMEN CANO	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) ENRIQUE CERNA	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) DAVID CHAN	1.50									
FIN INV SUB-COMM - VICE CHAIR	NONE	Х						NONE	NONE	NONE
(7) HEIDI DE LAUBENFELS	1.50									
BOARD SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(8) FILIZ EFE MCKINNEY	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) IRWIN GOVERMAN	1.50									
BOARD VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) WASSEF HAROUN	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) JESSIE HARRIS	1.50									
FINANCE COMM - VICE CHAIR	NONE	Х						NONE	NONE	NONE
(12) DAVID IYALL	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) CHRIS JAY	1.50									
IMMEDIATE PAST CHAIR	NONE	X		Х				NONE	NONE	NONE
(14) SHARON KIOKO	1.50									
BOARD TREASURER	NONE	X		Х				NONE	NONE	NONE

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					-		
orm 990 (202	22)						Page 8
Part VII	Section A. Officers, Dire	ectors. Trus	tees. Kev E	mplovees.	and Highest Com	pensated Employees	(continued)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	rson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) CONNIE KRAVAS	1.50									
REACH & RES COMM - VICE CHAIR	NONE	X						NONE	NONE	NONE
16) DAVID LANDAU	1.50									
GOVERNANCE COMM - VICE CHAIR	NONE	X						NONE	NONE	NONE
17) LIAM LAVERY	1.50									
DIRECTOR (THRU 10/22)	NONE	X						NONE	NONE	NONE
18) ANDY MCGOVERN	1.50	-								
BOARD CHAIR	NONE	X		Х				NONE	NONE	NONE
19) MICHELLE MERRIWEATHER	1.50	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
20) ROSHNI NAIDU	1.50	-								
STRATEGIC PLAN - VICE CHAIR	NONE	X						NONE	NONE	NONE
21) LISA NITZE	1.50	-								
DIRECTOR (THRU 10/22)	NONE	X						NONE	NONE	NONE
22) SHARON NYREE WILLIAMS	1.50	-								
DEI COMM - VICE CHAIR	NONE	X						NONE	NONE	NONE
23) CLAIRE O'DONNELL	1.50	-								
REACH & RES - COMM CHAIR	NONE	X						NONE	NONE	NONE
24) JAMIE ROBINSON	1.50	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
25) JON SCHORR	1.50									
DIRECTOR (THRU 10/22)	NONE	X						NONE		NONE
1b Sub-total								NONE	NONE	NONE
c Total from continuation sheets to Part VII, S	ection A						ightharpoons	NONE		NONE
d Total (add lines 1b and 1c)							>	NONE		NONE
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	

reportable compensation from the organization ▶ NONE

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

Section B. Independent Contractors

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

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

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

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (c	ontinued	d)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Esti amo o	(F) mated ount of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		orga and	m the nization related nizations
26) RAINA WAGNER	1.50											
DIRECTOR	NONE	X						NONE	l l	NONE		NON
27) IAN WARNER	1.50								_			
DEI - COMM CHAIR	NONE	X						NONE	N	NONE		NON
28) CARYN G MATHES PRESIDENT & GM - SEE SCH O	40.00 NONE			Х				NONE	N	NONE		NON
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> > >					
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	ceived more than	\$100,000 of			
3 Did the organization list any former office	ear directo	or or	tri	ıcto		kov o	mn	Joyga or highest	t component	od		Yes No
employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations gro												
individual											4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You											5	X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompensa	ation
							\perp					
							\perp					
2 Total number of independent contractors (in	ncludina hi	ut no	t lin	nite	d tr	thos	e li	isted above) who	received			
more than \$100,000 in compensation from th								ONE	,			

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Part VIII Statement of Revenue

ıaı	t VIII	Check if Schedule O contains a respon	nse or note to an	v line in this Part V	TII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ۅٙڲ	С	Fundraising events 1c					
fts.	d	Related organizations 1d					
ອັ≅	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e ë		and similar amounts not included above . 1f	21,258,292.				
듗본	g	Noncash contributions included in					
a t		lines 1a-1f 1g	\$ 1,577,900.				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		21,258,292.			
			Business Code				
ဗ္ဗ	2a	ADVERTISING	541800	49,050.		49,050.	
Program Service Revenue	b	OTHER PROGRAM SERVICE REVENUE	541800	34,624.	34,624.		
S Z	C						
am	d						
ڰؚڰ	e						
F.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		83,674.			
	3	Investment income (including dividends,					
		other similar amounts)		239,508.			239,508.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Ф	b	Less: cost or other basis					
evenue	"	and sales expenses 7b					
š	С	Gain or (loss) 7c					
-4	d	Net gain or (loss)		NONE			
Other R		· , ,		-10-11-			
ŏ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18 8a	NONE				
	 	Less: direct expenses 8b	NONE				
	b	Net income or (loss) from fundraising events	1	NONE			
		Gross income from gaming					
	9a	activities. See Part IV, line 19 9a	NONE				
	h	Less: direct expenses 9b	NONE				
	b C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances • • • • • 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
	C						
isc R	d	All other revenue					
Σ		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		21,581,474.	34,624.	49,050.	239,508.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):	-			
	Management	NONE			
	Legal	9,904.		9,904.	
	Accounting	28,940.		28,940.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	10,277.		10,277.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	1,588,179.	632,156.	153,051.	802,972
12	Advertising and promotion	NONE			
13	Office expenses	653,417.	127,060.	104,609.	421,748.
14	Information technology	160,475.	116,399.	16,976.	27,100
15	Royalties	NONE			
16	Occupancy	1,570,219.	1,012,468.	229,505.	328,246
17	Travel	115,100.	72,567.	15,117.	27,416
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE	241 050	F1 460	110 004
	Depreciation, depletion, and amortization	525,512.	341,059.	71,469.	112,984
	Insurance	NONE			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
2	REIMBURSEMENT-SEE SCH O	14,482,004.	9,356,546.	2,323,526.	2,801,932
	PROGRAM ACQUISITION	2,325,483.	2,325,483.	2732373201	2,001,002
	OTHER CONTRACT SERVICES	1,641,041.	681,438.	532,904.	426,699
	UBIT TAXES	7,122.		7,122.	
	All other expenses	858,506.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	858,506
	Total functional expenses. Add lines 1 through 24e	23,976,179.	14,665,176.	3,503,400.	5,807,603.
	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)	.,,	, , , , , , , , , ,	2,222,2001	1,111,000

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this I	Part X		х			
			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	6,485,564.	1	4,311,205.			
	2	Savings and temporary cash investments	720,514.	2	747,111.			
	3	Pledges and grants receivable, net	534,024.	3	759,065.			
	4	Accounts receivable, net	699,937.	4	504,133.			
	5	Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of these persons	NONE	5	NONE			
	6	6 Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE			
ß	7	Notes and loans receivable, net			NONE			
Assets	8	Inventories for sale or use			NONE			
As	9	Prepaid expenses and deferred charges . SEE SCHEDULE .Q		9	298,252.			
	_	Land, buildings, and equipment: cost or other	3277373.		27072321			
	1.00	basis. Complete Part VI of Schedule D 10a 5,658,590						
	h	Less: accumulated depreciation		100	3,815,126.			
	11	Investments - publicly traded securities SEE SCHEDULE		11	8,932,265.			
	12	Investments - other securities. See Part IV, line 11		12	829,400.			
	13	•	NONE					
	14	Investments - program-related. See Part IV, line 11.			NONE			
		Intangible assets			NONE			
	15	Other assets. See Part IV, line 11		15	12,925,950.			
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	33,122,507.			
	17	Accounts payable and accrued expenses	582,493.	17	351,578.			
	18	Grants payable	NONE		NONE			
	19	Deferred revenue	NONE		NONE			
	20	Tax-exempt bond liabilities			NONE			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE			
Liabilities	22	Loans and other payables to any current or former officer, director,						
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%						
jak		controlled entity or family member of any of these persons			NONE			
_	23	Secured mortgages and notes payable to unrelated third parties			NONE			
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE			
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X						
		of Schedule D	NONE	25	13,180,521.			
	26	Total liabilities. Add lines 17 through 25	582,493.	26	13,532,099.			
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.						
alar.	27	Net assets without donor restrictions	20,745,288.	27	18,673,945.			
Ä	28	Net assets with donor restrictions	723,944.	28	916,463.			
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	_					
ō	29	Capital stock or trust principal, or current funds		29				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30				
SS	31	Retained earnings, endowment, accumulated income, or other funds		31				
¥,	32	Total net assets or fund balances		32	19,590,408.			
ž	33	Total liabilities and net assets/fund balances	, ,	33	33,122,507.			
	1				Form 990 (2022)			

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	1,5	81,	<u>474</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	3,9	76,	<u> 179</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	94,	<u> 705</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u>1,4</u>	69,	<u> 232</u> .
5	Net unrealized gains (losses) on investments	5		5	<u>15,</u>	<u>881</u> .
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	9,5	90,	<u>408</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain c	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X 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 over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			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?					
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

SCHEDULE A (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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 91-2079402

KUC	OW/I	PUGET SOUND PUBLIC	RADIO				91-2	079402
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	IS.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organization	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go						
7	X	An organization that norm	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		·				
8		A community trust describe	-		-			
9		An agricultural research or	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt facent income and u	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (less	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized	•	•	-			
12		An organization organized	•	-	-			
		one or more publicly suppo	•			•		
	_	the box on lines 12a through	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		$_$ supporting organization. $`$	You must complet	e Part IV, Sections A	and B.			
b			•				· · ·	
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported
	_	organization(s). You mus t	complete Part IV	, Sections A and C.				
С	L							ly integrated with,
		$_{_}$ its supported organization		-				
d	L	Type III non-functionally						= ::
		that is not functionally into	-	-	-		· ·	d an attentiveness
		requirement (see instruct	•	-				
е	L	_ Check this box if the orga						I, Type III
	_	functionally integrated, or	• •		porting o	organizat	ion.	
T		ter the number of supported	•					
<u> </u>		ovide the following information			God Land		(A) Amount of monotoni	(vi) Amount of
	(1) 14	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
								
(C)								
(D)								
(E)								
(-)								
Tota	al							

Schedule A (Form 990) 2022 Page 2

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

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

Sec	tion A. Public Support	•		·	·	•	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,129,614.	19,099,961.	18,498,525.	21,977,460.	21,258,292.	98,963,852.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	18,129,614.	19,099,961.	18,498,525.	21,977,460.	21,258,292.	98,963,852.
	shown on line 11, column (f)						738,159.
6	Public support. Subtract line 5 from line 4						98,225,693.
	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,129,614. 209,450.	19,099,961.	18,498,525. 179,315.	21,977,460.	21,258,292.	98,963,852. 1,073,305.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			103,594.	69,450.	52,499.	225,543.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						100,262,700.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	59,901.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup			44 1 (0)			07 07 04
14	Public support percentage for 2022 (lin		•			15	97.97 % 97.79 %
15	Public support percentage from 2021	•	·			•	
ıoa	331/3% support test - 2022. If the org box and stop here. The organization qu						
h	331/3% support test - 2021. If the organization qu	•		•			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	•		_			
	10% or more, and if the organization	-					
	Part VI how the organization meets					-	-
	organization			•	•	•	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-	=				
	in Part VI how the organization meets					-	-
	organization			_			
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990) 2022 Page **3**

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

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6		. ,	.,		, ,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13							
4.4	and 12.)	the organizati	on's first seem	d third fourth	or fifth toy yo	 	tion F01(a)(2)
14		_					
<u></u>	organization, check this box and stop here.						
	tion C. Computation of Public Support Public Support percentage for 2022 (line 8,		•	ımn (f))		45	0/
15						15	<u>%</u>
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment			40		47	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021 S					18	%
19 a	331/3% support tests - 2022. If the or	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•	•		· —
20	Private foundation If the organization of	aid not chack	a nov on line	ואו זעם הר 10h	cnack this ho	v and caa in	etriictione

JSA 2E1221 1.000

Voc Na

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		$\overline{}$	162	IAC
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
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).	7		
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).	8		

- **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.**
- 10 a 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.)

9a

9b

9c

10a

Schedule A (Form 990) 2022 Page 5

Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
5001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	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.	3h		i .

Schedule A (Form 990) 2022 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Page 7

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	9 Distributable amount for 2022 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	10					
		(i)	(ii)		(iii)		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Employer identification number Name of the organization KUOW/PUGET SOUND PUBLIC RADIO 91-2079402 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

KIJOW / PUGET SOUND PUBLIC RADI

Employer identification number

	KUOW/PUGEI SOUND PUBLIC RADIO		91-20/9402
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$932,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A 	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

KUOW/PUGET SOUND PUBLIC RADIO 91-2079402

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$	
(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
		\$	

Page 3

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization			Employer identification number					
	KUOW/PUGET SOUND PUBL			91-2079402					
Part III									
	(10) that total more than \$1,000 for								
	the following line entry. For organization								
	contributions of \$1,000 or less for th			ee instructions.) \$					
(a) No	Use duplicate copies of Part III if addit	ionai space is need	ea.	Г					
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Part I									
	-								
		(e) Transf	er of gift						
	Transferee's name, address,	and ZIP + 4	Relations	ship of transferor to transferee					
				•					
			-						
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is hold					
Part I	(b) Ful pose of glit	(c) use	or girt	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferen's name address	ship of transferor to transferor							
	Transferee's name, address, a	1110 ZIP + 4	Relationship of transferor to transferee						
(a) No. from	41.5			(1) 5					
from Part I	(b) Purpose of gift	(c) Use	or gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Tuesdanala nama addana		_	. him of the western as the manufacture					
	Transferee's name, address,	and ZIP + 4	Kelations	ship of transferor to transferee					
(a) No.	#N.=								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Turnefamoria		_	library of American and American Services					
	Transferee's name, address,	ana ZIP + 4	Relations	ship of transferor to transferee					
	T. Control of the Con		1						

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

IValli	e of the organization	Employer identification number
KU	OW/PUGET SOUND PUBLIC RADIO	91-2079402
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in	danar advisad
5	funds are the organization's property, subject to the organization's exclusive legal control?	
•	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
6	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	· · · · · · · · · · · · · · · · · · ·	
Б	conferring impermissible private benefit?	Tes No
H	art II Conservation Easements.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes 🗀 No
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, handling of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its reve	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ncial statements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or reseated.	tement and balance sheet works of
	provide the following amounts relating to these items:	non in futilierance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	30to foi filianolal galli, provide the
9	Revenue included on Form 990, Part VIII, line 1	\$
a h	Assets included in Form 990 Part X	

Sche	dule D (Form 990) 2022 KUOW/PUGET SOUND PUBLIC RADIO		91-2	079402	Page 2
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasure	s, or Other Sin	nilar Assets (c	continue	
3	Using the organization's acquisition, accession, and other records, check any of	of the following	that make sign	nificant us	e of its
	collection items (check all that apply):				
а	Public exhibition d Loan or exch	ange program			
b	Scholarly research e Other				
С	Preservation for future generations				
4	Provide a description of the organization's collections and explain how they fu	rther the organi	zation's exemp	t purpose	in Part
	XIII.				
5	During the year, did the organization solicit or receive donations of art, historical to	reasures, or othe	r similar		
	assets to be sold to raise funds rather than to be maintained as part of the organiz	ation's collection	1?	Yes	No
Pa	rt IV Escrow and Custodial Arrangements.				
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 9, or repo	rted an amour	nt on For	m
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or other intermediary for cont		_	_	
	included on Form 990, Part X?			Yes	No
b	If "Yes," explain the arrangement in Part XIII and complete the following table:				
			Amount		
С	Beginning balance	1c			
d	Additions during the year	1d			
е	Distributions during the year	1e			
f	Ending balance	1f			
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow			Yes	No
$\overline{}$	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has be	en provided on F	art XIII		
Pa	rt V Endowment Funds.	l' 40			
	Complete if the organization answered "Yes" on Form 990, Part IV				
	(a) Current year (b) Prior year (c) Tw	o vears back (d)	Three years back	(e) Four ve	ears back

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,172,168.	5,410,284.	4,231,699.	4,470,655.	4,535,481.
b	Contributions					
С	Net investment earnings, gains,					
	and losses	445,292.	-238,116.	1,178,585.	-238,956.	-64,826.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	5,617,460.	5,172,168.	5,410,284.	4,231,699.	4,470,655.

- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
- Permanent endowment NONE %
- NONE % Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.........

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

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		5,600.		5,600.
b	Buildings				
	Leasehold improvements		2,936,784.	720,277.	2,216,507.
d	Equipment		1,303,595.	618,951.	684,644.
е	Other		1,412,611.	504,236.	908,375.
Tota	al. Add lines 1a through 1e. (Column (d) mus	3,815,126.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 KUOW/PUGET SOU	ND PUBLIC RADIO	91	-2079402	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered (a) Description of security or category	d "Yes" on Form 990 (b) Book value	, Part IV, line 11b. See Form 990, (c) Method of valuation		12.
(including name of security)		Cost or end-of-year marke	t value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(B) (H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation		
(4) 2 333 (p.13) (3) (1) (3)	(2) 20011 10100	Cost or end-of-year marke		
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	L III / II	B. (1)/ F. (44 Q. (5) (200)	D. OV. P.	4=
Complete if the organization answered		, Part IV, line 11d. See Form 990,		
	scription		(b) Book v	
(1)RIGHT OF USE ASSET			12,832	
(2)INTEREST IN ENDOWMENT			93	<u>,592.</u>
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u> (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15.).		12,925	.950.
Part X Other Liabilities.				
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	1 990, Part	Χ,
1. (a) Descrip	otion of liability		(b) Book v	alue
(1) Federal income taxes	·			
(2)LEASE LIABILITIES			13,180	,521.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			13,180	,521.
2 Liability for uncertain tay positions. In Dart VIII, provide the	toxt of the feetness to	the example tipensial etatements the	_44	

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 .

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	22,245,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	673,875.
3	Subtract line 2e from line 1	3	21,571,197.
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	10,277.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,581,474.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	24,123,896.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	157,994.
3	Subtract line 2e from line 1	3	23,965,902.
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	10,277.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,976,179.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE INCOME WILL BE USED TO SUPPORT KUOW OPERATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

KUOW/PUGET SOUND PUBLIC RADIO 91-2079402 **Types of Property** (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 986 1,577,900. AUCTION PRICE 6 Cars and other vehicles 7 Boats and planes Intellectual property Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 30 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

Part II Supp

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.

THIRD PARTIES

KUOW PARTNERS WITH ANOTHER NONPROFIT ENTITY IN A JOINT SOLICITATION FOR VEHICLE DONATIONS; THE PARTNER NONPROFIT HANDLES THE SALE AND REPORTING ASPECTS FOR DONATIONS WITH BOTH ORGANIZATIONS SHARING THE PROCEEDS FROM THE SALE OF VEHICLES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

91-2079402

KUOW/PUGET SOUND PUBLIC RADIO

FORM 990, PART VI, SECTION A, LINE 2:

ONE BOARD MEMBER (RANDY HODGINS) IS THE MANAGER OF ANOTHER BOARD MEMBER (CARYN G. MATHES).

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

THE 990 WILL BE REVIEWED BY MANAGEMENT AND THEN PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. IT WILL THEN BE SUBMITTED TO THE FULL BOARD.

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

ANNUALLY, BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED QUESTIONS CONCERNING

CONFLICTS OF INTEREST ON A QUESTIONNAIRE WHICH THEY MUST SIGN AND RETURN

TO KUOW. THEY ARE ALSO ASKED AT EACH MEETING IF ANY AGENDA TOPICS PRESENT

A CONFLICT BEFORE THE MEETING PROCEEDS.

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

AN EXECUTIVE SEARCH FIRM WAS ENGAGED TO RECRUIT A NEW PRESIDENT/GENERAL MANAGER IN THE FALL OF 2013. SINCE BEING HIRED THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE UNIVERSITY OF WASHINGTON.

MILLIMAN STUDY ASSISTED IN DETERMINING COMPENSATION LEVELS FOR STAFF IN CONJUNCTION WITH UW GUIDELINES.

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

DOCUMENTS ARE AVAILABLE THROUGH THE PUBLIC INFORMATION REQUEST PROCEDURE THROUGH THE UNIVERSITY OF WASHINGTON. AUDITED FINANCIALS AND OUR MOST RECENT 990 REPORT ARE AVAILABLE ON OUR WEBSITE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

91-2079402

KUOW/PUGET SOUND PUBLIC RADIO

FORM 990, PART VII, SECTION A:

THE FOLLOWING LIST OF KEY PERSONNEL, INCLUDING OFFICERS AND HIGHLY

COMPENSATED EMPLOYEES, ARE INCLUDED IN THE FUNCTIONAL EXPENSE STATEMENT

AS "REIMBURSEMENT FOR WAGES/BENEFITS". ALL EMPLOYEES ARE EMPLOYEES OF THE

UNIVERSITY OF WASHINGTON, BUT PROVIDE SERVICE TO KUOW. THESE PAYMENTS BY

KUOW FOR SALARIES HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS UNDER

SALARIES AND BENEFITS. THE BELOW AMOUNTS ARE FOR THE FISCAL YEAR ENDED

6/30/2023. THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY.

OFFICER

CARYN GAE MATHES-PRESIDENT & GENERAL MANAGER (HEALTH \$47,778.60, RETIREMENT \$32,409.26, TOTAL BENEFITS \$80,187.86, SALARY \$334,116.09)

OTHER

ARVID HOKANSON-ACTING CHIEF CONTENT OFFICER (HEALTH \$28,795.72,
RETIREMENT \$19,532.76, TOTAL BENEFITS \$48,328.48, SALARY \$201,368.65)

RAMI AL-KABRA-SENIOR DIRECTOR FOR DIGITAL PRODUCT (HEALTH \$28,660.65, RETIREMENT \$19,441.14, TOTAL BENEFITS \$48,101.79, SALARY \$200,424.13)

COURTNEY L. MILLER-DIRECTOR OF BUSINESS SUPPORT (HEALTH \$24,737.71, RETIREMENT \$16,780.13, TOTAL BENEFITS \$41,517.84, SALARY \$172,990.98)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

gov/form990. Inspection
Employer identification number

91-2079402

KUOW/PUGET SOUND PUBLIC RADIO

KERRY SWANSON-CHIEF OPERATING OFFICER (HEALTH \$24,116.99, RETIREMENT \$16,359.08, TOTAL BENEFITS \$40,476.07, SALARY \$168,650.29)

DANE C.JOHNSON-OPERATIONS DIRECTOR (HEALTH \$20,042.03, RETIREMENT \$13,594.94, TOTAL BENEFITS \$33,636.97, SALARY \$140,154.06)

ELIZABETH HOVANCE-DIRECTOR OF RESEARCH (HEALTH \$19,311.59, RETIREMENT \$13,099.47, TOTAL BENEFITS \$32,411.05, SALARY \$135,046.05)

GIGI DOUBAN-NEWS DIRECTOR (HEALTH \$17,227.23, RETIREMENT \$11,685.60, TOTAL BENEFITS \$28,912.83, SALARY \$120,470.13)

STEVE ALEXANDER-DIRECTOR OF PHILANTHROPY (HEALTH \$17,042.75, RETIREMENT \$11,560.47, TOTAL BENEFITS \$28,603.22, SALARY \$119,180.10)

RASHAD Q BROWN-DIRECTOR OF MEMBERSHIP (HEALTH \$15,973.97, RETIREMENT \$10,835.49, TOTAL BENEFITS \$26,809.46, SALARY \$111,706.07)

DANIELLE LAINIE COSGROVE-DIRECTOR OF DIGITAL PRODUCTS (HEALTH \$15,934.19, RETIREMENT \$10,808.50, TOTAL BENEFITS \$26,742.69, SALARY \$111,427.88)

ZAKI B HAMID-DIRECTOR OF COMMUNITY ENGAGEMENT (HEALTH \$15,887.03, RETIREMENT \$10,776.51, TOTAL BENEFITS \$26,663.54, SALARY \$111,098.08)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

KUOW/PUGET SOUND PUBLIC RADIO 91-2079402

298,252.

=========

TOTALS

Name of the organization

<u>KUOW/PUGET SOUND PUBLIC RADIO</u>

<u>Employer identification number</u>

91-2079402

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST
DESCRIPTION BOOK VALUE OR FMV

PUBLIC SECURITIES ------ 8,932,265. FMV

TOTALS 8,932,265.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number

OMB No. 1545-0123

91-2079402 KUOW/PUGET SOUND PUBLIC RADIO Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Part I Required Annual Payment 1 10,091. Total tax (see instructions) 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method. Credit for federal tax paid on fuels (see instructions) Total. Add lines 2a through 2c d Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 3 10,091. does not owe the penalty 3 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 14,375. Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter 10,091. Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. 7 The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Figuring the Underpayment (a) (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF 12/15/2022 11/15/2022 03/15/2023 06/15/2023 filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in 2,523 2,523. 2,523 2,522. each column Estimated tax paid or credited for each period. For column (a) only, enter the amount from 1,029. line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 1,029. 13 Add lines 11 and 12 2,523 7,569 5,046 14 Add amounts on lines 16 and 17 of the preceding column 15 15 Subtract line 14 from line 13. If zero or less, enter -0-16 If the amount on line 15 is zero, subtract line 13 5,046 2,523. from line 14. Otherwise, enter -0-Underpayment. If line 15 is less than or equal to 17 line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to 17 2,523 2,523 2,523 2,522. line 18

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

_ |18

For Paperwork Reduction Act Notice, see separate instructions.

Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line

12 of the next column

Form **2220** (2022)

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Form 2220 (2022) Page **2**

art IV Figuring the Penalty				1	1
Fatantha data of assument anthough Afth day of the Ath assumb after		(a)	(b)	(c)	(d)
Enter the date of payment or the 15th day of the 4th month after					
the close of the tax year, whichever is earlier. (C corporations					
with tax years ending June 30 and S corporations: Use 3rd month					
instead of 4th month. Form 990-PF and Form 990-T filers: Use	19				
5th month instead of 4th month.) See instructions	13				
Number of days from due date of installment on line 9 to the					
date shown on line 19	20				
Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
Number of days on line 21					
Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
000					
Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
Number of days on line 23					
Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	*	\$	\$	\$
303				TION WHITE	PAPER DETA
Number of days on line 20 after 9/30/2022 and before 1/1/2023	25	STATEMENT	1		
Number of days on line OF					
Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
305					
Number of days on line 20 after 12/31/2022 and before 4/1/2023	27				
Number of days on line 27					
Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
Number of days on line 29					
Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
300					
Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
N					
Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
365					
Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
365					
Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
•					
Underpayment on line 17 x Number of days on line 35 x *%	36	S	\$	\$	\$
366	-	T	*	 	*
Add lines 22 24 26 28 30 32 24 and 26	37	e e	\$	\$	\$
Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<i>31</i>	Ψ	Ψ	Ψ	Ψ

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UNDERPA	YMENT BEG.DATI	E END DATE	DAYS	% 	PENALTY
QUARTER 1, RATE PERIO	0 1 (11/15/2022	- 12/31/2022)			
2 ,	523. 11/15/202	22 12/31/2022	46	6	19.
TOTAL FOR QUA	RTER 1, RATE PER	RIOD 1			19
QUARTER 1, RATE PERIO	0 2 (12/31/2022	- 11/15/2023)			=======
03/31/2023 1, 06/30/2023 1,	029. 12/31/202 494. 12/31/202		90 181	-	18 52
TOTAL FOR QUA	RTER 1, RATE PER	RIOD 2			70
QUARTER 2, RATE PERIO	0 1 (12/15/2022	- 12/31/2022)			=======
2,	523. 12/15/202	22 12/31/2022	16	6	7
TOTAL FOR QUA	RTER 2, RATE PER	RIOD 1			7
QUARTER 2, RATE PERIO	•	- 11/15/2023)			======
07/31/2023	29. 12/31/202 210. 12/31/202 284. 12/31/202	22 07/31/2023	181 212 319	7 7 7	1 9 140
TOTAL FOR QUA	RTER 2, RATE PER	RIOD 2			150
QUARTER 3, RATE PERIO	0 2 (03/15/2023	- 11/15/2023)			======
2,	523. 03/15/202	23 11/15/2023	245	7	119
TOTAL FOR QUA	RTER 3, RATE PER	RIOD 2			119
QUARTER 4, RATE PERIO	2 (06/15/2023	- 11/15/2023)			======
2,	522. 06/15/202	23 11/15/2023	153	7	74
TOTAL FOR QUA	RTER 4, RATE PER	RIOD 2			74 ======
TOTAL UNDERPAYMENT PE	NALTY				439

Form 990-T	Exempt Organization Business Income Tax Retur	n [OMB No. 1545-0047
Form 330-1	(and proxy tax under section 6033(e))	[<u> </u>
	For calendar year 2022 or other tax year beginning $\phantom{00000000000000000000000000000000000$	o <u>23</u>	
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c		
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	-	yer identification number
	KUOW/PUGET SOUND PUBLIC RADIO		2079402
B Exempt under section	Print Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
X 501(C)(3)	Type C/O JESSICA DIAL 4518 UNIVERSITY WAY NE SUITE 310	`	,
408(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a)	SEATTLE, WA 98105-4535	F	Check box if an amended return.
529(a) 529A			
G Check organization ty	pe X 501(c) corporation 501(c) trust 401(a) trust Other trust	S	State college/university
H Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form		
	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number of	attached Schedules A (Form 990-T)		1
K During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? \Box		Yes X No
If "Yes," enter the na	me and identifying number of the parent corporation		
L The books are in care	of JESSICA DIAL Telephone number 206	5-543-	2710
	4518 UNIVERSITY WAY NE SUITE 310		
	SEATTLE, WA 98105-4535		
	lated Business Taxable Income		
	ed business taxable income computed from all unrelated trades or businesses (se		
,			49,050.
			49,050.
	utions (see instructions for limitation rules)		
	siness taxable income before net operating losses. Subtract line 4 from line 3		49,050.
6 Deduction for net	operating loss. See instructions	. 6	
	ed business taxable income before specific deduction and section 199A deduction		
	m line 5		49,050.
	n (generally \$1,000, but see instructions for exceptions)		1,000.
	99A deduction. See instructions		
10 Total deductions.	Add lines 8 and 9 · · · · · · · · · · · · · · · · · ·	. 10	1,000.
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line	7,	
enter zero		. 11	48,050.
Part II Tax Comp			T
-	table as corporations. Multiply Part I, line 11 by 21% (0.21)		10,091.
	at trust rates. See instructions for tax computation. Income tax on the amount of		
Part I, line 11 from			
-	structions	. 3	
	s. See instructions	. 4	
	um tax (trusts only)	- 5	
6 Tax on noncomp	liant facility income. See instructions	- 6	

JSA

Form 990-T (2022) 91-2079402 Page **2**

Par	t Ⅲ Tax and Payments						
1a	Foreign tax credit (corporations attach Form 1118; tru	ists attach Form 1116).	1a				
b	Other credits (see instructions)		1b				
	General business credit. Attach Form 3800 (see instruc		1c				
d	Credit for prior year minimum tax (attach Form 8801 o	or 8827)	1d				
е	Total credits. Add lines 1a through 1d				1e		
2	Subtract line 1e from Part II, line 7				2	10	,091.
3		Form 8611 Form 8697 F					
	Other (attach statem	ient)			3		
4	Total tax. Add lines 2 and 3 (see instructions).	Check if includes tax previously d	eferred	l under			
	section 1294. Enter tax amount here		·		4	10	0,091.
5	Current net 965 tax liability paid from Form 965-A, Par	t II, column (k)			5		
6a	Payments: A 2021 overpayment credited to 2022	<u></u> <u> </u>	6a				
b	2022 estimated tax payments. Check if section 643(g) election applies	6b	2,76	52.		
С	Tax deposited with Form 8868	F	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)		6e				
f	Credit for small employer health insurance premiums (6f				
g	Other credits, adjustments, and payments: Form 2						
	Form 4136 Other _	Total	6g				
7	Total payments. Add lines 6a through 6g					2	2,762.
8	Estimated tax penalty (see instructions). Check if Form						439.
9	Tax due. If line 7 is smaller than the total of lines 4, 5						<u>7,768.</u>
10	Overpayment. If line 7 is larger than the total of lines	•	d				
11 Par	Enter the amount of line 10 you want: Credited to 2023 estin		rma	Refund			
	t IV Statements Regarding Certain A					outhority	Yes No
1	At any time during the 2022 calendar year, did			_		-	165 140
	over a financial account (bank, securities, or other second secon			-			
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts. If fes,	ente	er the hame of	the foreign	Country	Х
2	During the tax year, did the organization receive a	distribution from or was it the	aran	tor of or transfero	or to a forei	an truet?	X
_	If "Yes," see instructions for other forms the organization		grain	ior or, or transfere	יוס, מיוסופוי	gir trust:	X
3	Enter the amount of tax-exempt interest received or ac	•		\$			
4		NONE . Do not inclu			arrvover		
-	shown on Schedule A (Form 990-T). Don't re					orted on	
	Part I, line 6.	auco 1110 1102 cayere. c		,,			
5	Post-2017 NOL carryovers. Enter the Business	Activity Code and available	post-	2017 NOL carry	overs. Don't	reduce	
	the amounts shown below by any NOL claimed on any	Schedule A, Part II, line 17 for th	ne tax y	ear. See instruction	ns.		
	Business Activity Cod	е		Available post-20	17 NOL carry	/over	
			- \$				
			- \$				
			- 🐎 —				
6a	Did the organization change its method of accounting?	(see instructions)	Φ				v
	If 6a is "Yes," has the organization described	,				<u> </u>	X
~	explain in Part V	,					
Par							
	de the explanation required by Part IV, line 6b. Also, pro	vide any other additional informa	ation. S	See instructions.			
	Under penalties of perjury, I declare that I have examine belief, it is true, correct, and complete. Declaration of prep						owledge and
Sigr	belief, it is true, correct, and complete. Declaration of prep		all IIIIO	imation of which prep		RS discuss t	this return
Her		04/26/2024 PRESI	IDEN	r and gm	with the	preparer sho	
	Signature of officer	Date Title			(see instruction		No
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check if	PTIN	
	christopher ebert	Mistage D. Und	0	4/26/2024	self-employed	P0070	7090
	Only Firm's name BDO USA	<u> </u>				13-5381	
	Firm's address 601 UNION STREET 5	SUITE 2300, SEATTLE,	WA	98101	Phone no. 20	6-382-7	777

JSA 2X2741 1.000

SCHEDULE A (Form 990-T)

A Name of the organization

KUOW/PUGET SOUND PUBLIC RADIO

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

91-2079402

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service 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

C Ur	related business activity code (see instructions) 541800			D S	Sequence:	1	of	1
E De	escribe the unrelated trade or business ADVERTISING							
Pai	Unrelated Trade or Business Income		(A) Income		(B) Expens	es	(C) Net
1a								
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section $501(c)(7)$, (9) , or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11	49,05	50.				49,050.
12	Other income (see instructions; attach statement)	12	,					•
13	Total. Combine lines 3 through 12	13	49,05	50.				49,050.
Pai	Deductions Not Taken Elsewhere See instructions f				ions. Deduct	tions m	nust be	
	directly connected with the unrelated business incom							
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement). See instructions					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562). See instructions		1 1					
8	Less depreciation claimed in Part III and elsewhere on return.					8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)					14		
15	Total deductions. Add lines 1 through 14					15		
16	Unrelated business income before net operating loss deduction							
	column (C)					16		49,050.
17	Deduction for net operating loss. See instructions					17		17,000.
18	Unrelated business taxable income. Subtract line 17 from line					18		49,050.
	aperwork Reduction Act Notice, see instructions.						A (Forn	n 990-T) 2022

Schedule A (Form 990-T) 2022

	ule A (Form 990-1) 2022				Page Z
Par	_	Enter method of inventor			
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, line	2	8	
9	Do the rules of section 263A (with respect t	o property produced or a	cquired for resale) ap	pply to the organization	? Yes No
Par					
1	Description of property (property street address,				
	A				
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued				
a	From personal property (if the percentage of				
a	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)				
_	,				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D			U 0 1 (A)	
3	Total rents received or accrued. Add line 2c of	columns A through D. Ente	er here and on Part I,	line 6, column (A)	
			1	1	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I	, line 6, column (B)		
		, , , , , , , , , , , , , , , , , , ,			
Pai		,	Ob 1: '6 1: - 1 : O-	- !4	
1	Description of debt-financed property (street add	aress, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
	A				
	В				
	с —				
	D			1	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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	70	,,	,,	70
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and on P	art L line 7 column (Δ)		
•		S. D. Linoi Hole and Off	,o r, oolulliii (A),		
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, colu	mns A through D Enter	here and on Part I	line 7 column (R)	
11	Total dividends - received deductions included i	-			

Schedule A (Form 990-T) 2022 Page **3**

Part	Interest. Ann	nuities. Rovalt	ies. and Rents	s from Controlled Ora	anizations (see instructions)	
		Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instruction			<i>I</i>		
1	. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	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)							
			Nonexe	empt Controlled Organiza	ations		
	in		let unrelated come (loss) e 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)							
Totals					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)	
Part					ization (see instructions)		
			ount of income			5. Total deductions and set-asides (add columns 3 and 4)	
(1)							
(2)							
(3)							
(4)							
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part	VIII Exploited Ex	cempt Activity	/ Income, Othe	er Than Advertising In-	come (see instructions)		
1	Description of exploit	ed activity:					
2	Gross unrelated busi	iness income fro	om trade or bus	iness. Enter here and on	Part I, line 10, column (A)	2	
3	Expenses directly co						
	line 10, column (B) .	3					
4	Net income (loss) f	from unrelated	rade or busines	s. Subtract line 3 from	line 2. If a gain, complete		
	lines 5 through 7	4					
5	Gross income from a	ctivity that is not	unrelated business	s income		5	
6	Expenses attributable	e to income entere	ed on line 5			6	
7				,	ore than the amount on line		
	4. Enter here and on F	Part II, line 12				7	
						Schedule A (Form 990-T) 2022	

Page 4 Schedule A (Form 990-T) 2022

Par	t IX	Advertising Income					
1	Name(s) of periodical(s). Check box	if reporting	two or more periodicals o	n a consolidated ba	asis.	
	Α _	ADVERTISING					
	В						
	С						
	D						
Enter		s for each periodical listed ab	ove in the c	orresponding column.			
	a	o rei caeri pericarea: nerea az		A	В	С	D
•	0	-44:-					
2		advertising income					40.050
а	Add co	lumns A through D. Enter her	re and on Pa	art I, line 11, column (A)			49,050.
3		advertising costs by periodical					
а	Add co	lumns A through D. Enter her	re and on Pa	art I, line 11, column (B)			
4	Adverti	sing gain (loss). Subtract line	3 from line				
	2. For	any column in line 4 showi	ng a gain,				
	comple	te lines 5 through 8. For any	column in				
		showing a loss or zero, do no					
		through 7, and enter zero on I		49,050.			
_		ship costs		17,030.			
5		•					
6		tion income					
7		readership costs. If line 6 is					
	line 5,	subtract line 6 from line 5. If li	ne 5 is less				
	than lir	ne 6, enter zero					
8	Excess	readership costs allowe	ed as a				
	deduct	ion. For each column showing	g a gain on				
	line 4,	enter the lesser of line 4 or line	e 7				
а		ne 8, columns A through		the greater of the line	e 8a. columns t	otal or zero here and	on
		line 13					
_							
Par	t X	Compensation of Office	rs, Direc	tors, and Trustees (s	see instructions)	T	
						Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
Tota	I. Enter	here and on Part II, line 1.					
		Supplemental Informati					
		1.1.	(