January 19, 2021

Spokane Public Radio
1229 N Monroe St
Spokane, WA  99201-2524

Dear Cary:

Enclosed is the 2019 Exempt Organization return, as follows...

2019 Form 990

2019 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

William A. Simer         Susan Van Plew
Prepared For:

Spokane Public Radio
1229 N Monroe St
Spokane, WA  99201-2524

Prepared By:

Eide Bailly LLP
999 W. Riverside Ave., Ste. 101
Spokane, WA  99201-1005

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 17, 2021
**Return of Organization Exempt From Income Tax**

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

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**Part I**

<table>
<thead>
<tr>
<th>A</th>
<th>Briefly describe the organization’s mission or most significant activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A PROFESSIONALLY STAFFED TRIO OF COMMUNITY LICENSED NONCOMMERCIAL PUBLIC RADIO STATIONS.</td>
</tr>
</tbody>
</table>

**B**

<table>
<thead>
<tr>
<th>C</th>
<th>Name of organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SPOKANE PUBLIC RADIO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23-7097524</td>
</tr>
</tbody>
</table>

**E**

<table>
<thead>
<tr>
<th>E</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(509) 328-5729</td>
</tr>
</tbody>
</table>

**F**

<table>
<thead>
<tr>
<th>F</th>
<th>Name and address of principal officer: CARY BOYCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SAME AS C ABOVE</td>
</tr>
</tbody>
</table>

**G**

<table>
<thead>
<tr>
<th>G</th>
<th>Gross receipts $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,011,226.</td>
</tr>
</tbody>
</table>

**H**

<table>
<thead>
<tr>
<th>H(a)</th>
<th>Is this a group return</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H(b)</th>
<th>Are all subordinates included?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

**Part II**

**J**

<table>
<thead>
<tr>
<th>J</th>
<th>Form of organization:</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X Corporation</td>
<td><a href="http://WWW.SPOKANEPUBLICRADIO.ORG">WWW.SPOKANEPUBLICRADIO.ORG</a></td>
</tr>
</tbody>
</table>

**K**

<table>
<thead>
<tr>
<th>K</th>
<th>Year of formation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1971</td>
</tr>
</tbody>
</table>

---

**Part III**

<table>
<thead>
<tr>
<th>L</th>
<th>State of legal domicile:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WA</td>
</tr>
</tbody>
</table>

---

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>20</th>
<th>Total assets (Part X, line 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,852,037.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21</th>
<th>Total liabilities (Part X, line 26)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56,408.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22</th>
<th>Net assets or fund balances. Subtract line 21 from line 20</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,795,629.</td>
</tr>
</tbody>
</table>

---

**Signature Block**

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

**Sign Here**

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARY BOYCE, PRESIDENT AND GENERAL MANAGER</td>
<td></td>
</tr>
</tbody>
</table>

**Firm’s EIN**

| 45-0250958 |

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**Addenda**

May the IRS discuss this return with the preparer shown above? (see instructions) | YES | NO |

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**Footnotes**

1. Contributions and grants (Part VIII, line 1h) is the total of lines 8 through 11 (must equal Part VIII, column (A), line 12).
2. Program service revenue (Part VIII, line 2g) includes amounts reported on Form 1099-MISC (Box 7). Revenue less expenses. Subtract line 18 from line 12.
4. Total fundraising expenses (Part IX, column (D), line 25).
5. Total number of volunteers (estimate if necessary).
6. A PROFESSIONALLY STAFFED TRIO OF COMMUNITY LICENSED NONCOMMERCIAL PUBLIC RADIO STATIONS.
### Part III: Statement of Program Service Accomplishments

**Briefly describe the organization's mission:**

THE MISSION OF SPOKANE PUBLIC RADIO IS TO PROVIDE HIGH-QUALITY, ARTISTIC, EDUCATIONAL AND INFORMATIONAL RADIO PROGRAMMING, WHICH ENHANCES AND ENLIVENS THE CULTURAL LIFE AND CIVIC DISCOURSE OF ITS LISTENING COMMUNITIES. SPOKANE PUBLIC RADIO REACHES A POPULATION OF 60,000 TO 70,000 LISTENERS. SPOKANE PUBLIC RADIO ENHANCES AND ENLIVENS THE CULTURAL LIFE AND CIVIC DISCOURSE OF ITS LISTENING COMMUNITIES. SPOKANE PUBLIC RADIO REACHES A POPULATION OF 60,000 TO 70,000 LISTENERS.

**Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Did the organization cease conducting, or make significant changes in how it conducts, any program services?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>1,029,212.</td>
<td>2,151.</td>
</tr>
<tr>
<td>4b</td>
<td>323,780.</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other program services (Describe on Schedule O.)**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total program service expenses**

1,352,992.
## Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>X</td>
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<tr>
<td>6</td>
<td></td>
<td>X</td>
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<td>7</td>
<td></td>
<td>X</td>
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<td>8</td>
<td></td>
<td>X</td>
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<td>9</td>
<td></td>
<td>X</td>
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<tr>
<td>10</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>X</td>
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<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28b. A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28c. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b. 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Note: All Form 990 filers are required to complete Schedule O.

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Statements Regarding Other IRS Filings and Tax Compliance

**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.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>X</td>
</tr>
</tbody>
</table>

**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

- **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

**3a** Did the organization have unrelated business gross income of $1,000 or more during the year?  

**3b** If "Yes," has it filed a Form 990-T for this year?  

**4a** 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)?  

**4b** If "Yes," enter the name of the foreign country.  


**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

**5b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

**5c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  

**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?  

**6b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

**7 Organizations that may receive deductible contributions under section 170(c).**  

**7a** 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?  

**7b** If "Yes," did the organization notify the donor of the value of the goods or services provided?  

**7c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  

**7d** If "Yes," indicate the number of Forms 8282 filed during the year  

**7e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

**7f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  

**7g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

**7h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1068-C?  

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  

**9 Sponsoring organizations maintaining donor advised funds.**  

**a** Did the sponsoring organization make any taxable distributions under section 4966?  

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

**10 Section 501(c)(7) organizations.** Enter:  

**10a** Initiation fees and capital contributions included on Part VIII, line 12  

**10b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  

**11 Section 501(c)(12) organizations.** Enter:  

**11a** Gross income from members or shareholders  

**11b** 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?  

**12b** 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.**  

**13a** Is the organization licensed to issue qualified health plans in more than one state?  

**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  

**c** Enter the amount of reserves on hand  

**14a** Did the organization receive any payments for indoor tanning services during the tax year?  

**14b** If "Yes," has it filed a Form 720 to report these payments?  

**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?  

**16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?**  

**17** If "Yes," complete Form 4720, Schedule O.
Section C. Disclosure

10a. Did the organization have local chapters, branches, or affiliates?

10b. If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, branches, or affiliates?

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b. Did the organization have a written document retention and destruction policy?

12a. Did the organization have a written whistleblower policy?

12b. If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, branches, or affiliates?

13a. Did the organization have written conflict of interest policy?

13b. Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements that are tax-exempt under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

14a. Did the organization have a written document retention and destruction policy?

14b. Did the organization have a written whistleblower policy?

15a. Did the organization have a written document retention and destruction policy?

15b. Did the organization have a written whistleblower policy?

16a. Did the organization have a written document retention and destruction policy?

16b. Did the organization have a written whistleblower policy?
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) HELLE JORGENSEN</td>
<td>CHAIR</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) MELANIE ROSE</td>
<td>SECRETARY</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) JENNIFER WESTRA</td>
<td>TREASURER</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) JEFF FOUNTAIN</td>
<td>CHAIR THROUGH JULY 2019</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) JOHN ALLISON</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) MARLO FAULKNER</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) DANIEL FRATINI</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) GARY LIVINGSTON</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) MAX MENDEZ</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) LINDA MIELKE</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) DR. CARY BOYCE</td>
<td>PRESIDENT/GENERAL MANAGER</td>
<td>40.00</td>
<td>X X</td>
<td>87,744.</td>
<td>0.</td>
<td>13,430.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Officer</td>
<td>Key employee</td>
<td>Highest compensated employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Subtotal | $87,744. | $0.00 | $13,430. |

**Total from continuation sheets to Part VII, Section A**

| Total (add lines 1b and 1c) | $87,744. | $0.00 | $13,430. |

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

| None | 0 |

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
</tr>
<tr>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
</tr>
<tr>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
</tr>
<tr>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
</tr>
<tr>
<td>NULL</td>
<td>NULL</td>
<td>NULL</td>
</tr>
</tbody>
</table>

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

| None | 0 |
### Statement of Revenue

#### Federated campaigns
- **1a**

#### Membership dues
- **1b** 1,080,144.

#### Fundraising events
- **1c** 57,564.

#### Related organizations
- **1d**

#### Government grants (contributions)
- **1e** 313,475.

#### All other contributions, gifts, grants, and similar amounts not included above
- **1f** 464,191.

#### Noncash contributions included in lines 1a-1f
- **1g** 50,000.

#### Total, Add lines 1a-1f
- **1h** 1,915,374.

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>PRODUCTION SERVICES</td>
<td>515100</td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
</tr>
<tr>
<td>2g</td>
<td>Total, Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td>2,151</td>
<td></td>
</tr>
</tbody>
</table>

#### Investment income (including dividends, interest, and other similar amounts)
- **3**

#### Income from investment of tax-exempt bond proceeds
- **4**

#### Royalties
- **5**

#### Gross rents
- **6a** 6,901.

#### Less: rental expenses
- **6b** 2,674.

#### Rental income or (loss)
- **6c** 4,227.

#### Net rental income or (loss)
- **6d** 4,227.

#### Gross amount from sales of assets other than inventory
- **7a**

#### Less: cost or other basis and sales expenses
- **7b**

#### Gain or (loss)
- **7c**

#### Net gain or (loss)
- **7d**

#### Gross income from fundraising events (not including $57,564 of contributions reported on line 1c). See Part IV, line 18
- **8a** 84,562.

#### Less: direct expenses
- **8b** 68,476.

#### Net income or (loss) from fundraising events
- **8c** 16,086.

#### Gross income from gaming activities.
- **9a**

#### Less: direct expenses
- **9b**

#### Net income or (loss) from gaming activities
- **9c**

#### Gross sales of inventory, less returns and allowances
- **10a**

#### Less: cost of goods sold
- **10b**

#### Net income or (loss) from sales of inventory
- **10c**

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Total, Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Revenue excluded from tax under sections 512 - 514
- **12**

---

### Notes

- **Form 990 (2019)**
- **Check if Schedule O contains a response or note to any line in this Part VIII**
- **Contributions, Gifts, Grants and Other Similar Amounts**
- **Total revenue**
- **Revenue excluded from tax under sections 512 - 514**

---

**SPOKANE PUBLIC RADIO**

**23-7097524**

**Page 9**

**932009 01-20-20**

**Form 990 (2019)**
**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).**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
</tr>
<tr>
<td>1. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Compensation of current officers, directors, trustees, and key employees</td>
<td>87,744.</td>
<td>47,073.</td>
<td>23,066.</td>
</tr>
<tr>
<td>6. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>633,233.</td>
<td>339,717.</td>
<td>166,464.</td>
</tr>
<tr>
<td>7. Other salaries and wages</td>
<td>14,589.</td>
<td>7,827.</td>
<td>3,835.</td>
</tr>
<tr>
<td>8. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>77,030.</td>
<td>41,325.</td>
<td>20,250.</td>
</tr>
<tr>
<td>10. Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>58,820.</td>
<td>22,673.</td>
<td>23,753.</td>
</tr>
<tr>
<td>12. Advertising and promotion</td>
<td>18,088.</td>
<td>9,007.</td>
<td>1,663.</td>
</tr>
<tr>
<td>14. Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Depreciation, depletion, and amortization</td>
<td>98,827.</td>
<td>75,109.</td>
<td>11,859.</td>
</tr>
<tr>
<td>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.)</td>
<td>NETWORK PROGRAMMING FEE</td>
<td>SUPPLIES &amp; POSTAGE</td>
<td>BANK FEES</td>
</tr>
<tr>
<td>a. NETWORK PROGRAMMING FEE</td>
<td>452,346.</td>
<td>452,346.</td>
<td></td>
</tr>
<tr>
<td>b. SUPPLIES &amp; POSTAGE</td>
<td>20,092.</td>
<td>12,911.</td>
<td>2,763.</td>
</tr>
<tr>
<td>c. BANK FEES</td>
<td>7,608.</td>
<td>4,883.</td>
<td>2,725.</td>
</tr>
<tr>
<td>d. PRINTING</td>
<td>2,507.</td>
<td>126.</td>
<td>2,381.</td>
</tr>
<tr>
<td>e. All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Total functional expenses. Add lines 1 through 24e</td>
<td>1,876,704.</td>
<td>1,352,992.</td>
<td>295,535.</td>
</tr>
<tr>
<td>26. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Balance Sheet

**Part X**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>409,124.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>17,314.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>22,368.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>592,856.</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>10,000.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,698,042.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>1,622,518.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>2,543,722.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>3,852,037.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>56,408.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other 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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>56,408.</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>3,650,188.</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>145,441.</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td><strong>Total net assets or fund balances</strong></td>
<td>3,795,629.</td>
</tr>
<tr>
<td>33</td>
<td><strong>Total liabilities and net assets/fund balances</strong></td>
<td>3,852,037.</td>
</tr>
</tbody>
</table>
Form 990 (2019)  SPOKANE PUBLIC RADIO  23-7097524  Page 12

**Part XI | Reconciliation of Net Assets**

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1,940,076.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>1,876,704.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>63,372.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>3,795,629.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>-56,686.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>3,802,315.</td>
</tr>
</tbody>
</table>

**Part XII | Financial Statements and Reporting**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash  [X] Accrual  [ ] Other</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant? [X]</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant? [X]</td>
</tr>
<tr>
<td>2c</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? [X]</td>
</tr>
<tr>
<td>3a</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
</tr>
</tbody>
</table>
**SCHEDULE A**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

2019

Open to Public Inspection

OMB No. 1545-0047

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(All organizations must complete this part.) See instructions.</td>
<td>23-7097524</td>
</tr>
<tr>
<td>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <strong>You must complete Part IV, Sections A and B.</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <strong>You must complete Part IV, Sections A and C.</strong></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <strong>You must complete Part IV, Sections A, D, and E.</strong></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <strong>You must complete Part IV, Sections A and D, and Part V.</strong></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>☐ Enter the number of supported organizations</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>☐ Provide the following information about the supported organization(s).</td>
<td></td>
</tr>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) Type of organization (described on lines 1-10 above (see instructions))</td>
</tr>
</tbody>
</table>
**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>1737139</td>
<td>1705634</td>
<td>1747090</td>
<td>1742663</td>
<td>1915374</td>
<td>8847900</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>27,199</td>
<td>16,164</td>
<td>55,253</td>
<td>18,032</td>
<td>9,139</td>
<td>125,787</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>27,199</td>
<td>16,164</td>
<td>55,253</td>
<td>18,032</td>
<td>9,139</td>
<td>125,787</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>1737139</td>
<td>1705634</td>
<td>1747090</td>
<td>1742663</td>
<td>1915374</td>
<td>8847900</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td>*</td>
<td>8847900</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1737139</td>
<td>1705634</td>
<td>1747090</td>
<td>1742663</td>
<td>1915374</td>
<td>8847900</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>27,199</td>
<td>16,164</td>
<td>55,253</td>
<td>18,032</td>
<td>9,139</td>
<td>125,787</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>27,199</td>
<td>16,164</td>
<td>55,253</td>
<td>18,032</td>
<td>9,139</td>
<td>125,787</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>1737139</td>
<td>1705634</td>
<td>1747090</td>
<td>1742663</td>
<td>1915374</td>
<td>8847900</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td>98.60%</td>
<td>98.67%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  <strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  <strong>Total support. Add lines 9, 10a, and 11</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  <strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(line 8, column (f), divided by line 13, column (f))</th>
<th>15 %</th>
<th>16 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15  Public support percentage for 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16  Public support percentage from 2018 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(line 10c, column (f), divided by line 13, column (f))</th>
<th>17 %</th>
<th>18 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>17  Investment income percentage for 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18  Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Part IV: Supporting Organizations

**Section A. All Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (“foreign supported organization”)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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))?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization have any excess business holdings in the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV. Supporting Organizations (continued)

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

### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  
   - Yes  
   - No  
   - 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.  
   - Yes  
   - No  
   - 2

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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?  
   - Yes  
   - No  
   - 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).  
   - Yes  
   - No  
   - 2

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.  
   - Yes  
   - No  
   - 3

### Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   
   - a. The organization satisfied the Activities Test. Complete line 2 below.  
   - b. The organization is the parent of each of its supported organizations. Complete line 3 below.  
   - c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   
   - a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  
   - Yes  
   - No  
   - 2a

   - b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.  
   - Yes  
   - No  
   - 2b

3. Parent of Supported Organizations. Answer (a) and (b) below.
   
   - a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  
   - Yes  
   - No  
   - 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.  
   - Yes  
   - No  
   - 3b
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
</tbody>
</table>

#### Part VI

- **Total annual distributions.** Add lines 1 through 6.
- **Excess Distributions**
- **Underdistributions**

### Section E - Distribution Allocations

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

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Name of the organization: SPOKANE PUBLIC RADIO

Employer identification number: 23-7097524

Organization type (check one):
- 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

**Name of organization**

**SPOKANE PUBLIC RADIO**

**Employer identification number**

23-7097524

### Part I.

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CORPORATION FOR PUBLIC BROADCASTING</td>
<td>$313,475</td>
<td>Payroll ☑</td>
</tr>
<tr>
<td></td>
<td>401 9TH STREET NW</td>
<td></td>
<td>Noncash ☐</td>
</tr>
<tr>
<td></td>
<td>WASHINGTON, DC 20004-2129</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td>FOREST AND JOY BAIRD</td>
<td>$62,000</td>
<td>Noncash ☑</td>
</tr>
<tr>
<td></td>
<td>917 E WESTCREST RD</td>
<td></td>
<td>Payroll ☐</td>
</tr>
<tr>
<td></td>
<td>COLBERT, WA 99005</td>
<td></td>
<td>Person ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
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<tr>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>REAL ESTATE</td>
<td>$62,000.</td>
<td>12/31/19</td>
</tr>
</tbody>
</table>

**Name of organization:** SPOKANE PUBLIC RADIO

**Employer identification number:** 23-7097524

---

2

12/31/19

62,000.

REAL ESTATE

SPOKANE PUBLIC RADIO

23-7097524
**SPOKANE PUBLIC RADIO**

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
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<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
</tr>
<tr>
<td>---------------------</td>
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<td>---------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
### Part I
**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

#### 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
- [ ] Yes  
- [ ] No

#### 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
- [ ] Yes  
- [ ] No

### Part II
**Conservation Easements.**

Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
</tr>
</tbody>
</table>
|   | Preservation of land for public use (for example, recreation or education)  
|   | Protection of natural habitat  
|   | Preservation of open space |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. |
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

<table>
<thead>
<tr>
<th></th>
<th>Number of states where property subject to conservation easement is located</th>
</tr>
</thead>
</table>

|   | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
- [ ] Yes  
- [ ] No |

<table>
<thead>
<tr>
<th></th>
<th>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</th>
</tr>
</thead>
</table>

|   | 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 |

|   | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements. |

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

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

<table>
<thead>
<tr>
<th></th>
<th>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, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</td>
</tr>
<tr>
<td>(i)</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>(ii)</td>
<td>Assets included in Form 990, Part X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>b</td>
<td>Assets included in Form 990, Part X</td>
</tr>
</tbody>
</table>
Schedule D (Form 990) 2019  
SPOKANE PUBLIC RADIO  
23-7097524  
Page 2

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

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   
   a Public exhibition  
   b Scholarly research  
   c Preservation for future generations  
   d Loan or exchange program  
   e Other  

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

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

**Part IV  Escrow and Custodial Arrangements.** Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

1b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

2b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V  Endowment Funds.** Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance  
   (a) Current year  
   (b) Prior year  
   (c) Two years back  
   (d) Three years back  
   (e) Four years back  
   58,553.  
   20,091.

1b Contributions  
   77,180.  
   35,195.

1c Net investment earnings, gains, and losses  
   23.  
   3,558.

1d Grants or scholarships  
   20,535.

1e Other expenditures for facilities and programs  
   25.

1f Administrative expenses  
   483.

1g End of year balance  
   135,273.  
   58,553.

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

   a Board designated or quasi-endowment  
   b Permanent endowment  
   c Term endowment  

2a 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 organization by:

   a Unrelated organizations  
   b Related organizations  

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

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

**Part VI  Land, Buildings, and Equipment.**

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td>29,864.</td>
<td>29,718.</td>
<td>146.</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>1,668,178.</td>
<td>1,592,800.</td>
<td>75,378.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*  
   75,524.
### Part VII Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) INVESTMENT IN SPR MANAGER</td>
<td>2,487,663.</td>
<td>COST</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
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<td>(E)</td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td>2,487,663.</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.

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

1. **(a) Description of liability | (b) Book value**
   | (1) Federal income taxes         |                |
   | (2)                              |                |
   | (3)                              |                |
   | (4)                              |                |
   | (5)                              |                |
   | (6)                              |                |
   | (7)                              |                |
   | (8)                              |                |
   | (9)                              |                |
   | **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)** |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII **X**
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>2,063,961</td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td>121,212</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2,674</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>123,886</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>1,940,075</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td>1</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>1,940,076</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>2,067,640</td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td>121,212</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td>69,724</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>190,936</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>1,876,704</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>1,876,704</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**PART V, LINE 4:**

THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE A SOURCE OF CAPITAL FROM WHICH AN ONGOING STREAM OF CURRENT INCOME CAN BE MADE AVAILABLE FOR USE BY SPOKANE PUBLIC RADIO.

---

**PART X, LINE 2:**

SPOKANE PUBLIC RADIO, INC. IS ORGANIZED AS A WASHINGTON NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. SPOKANE PUBLIC RADIO, INC. IS
ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, SPOKANE PUBLIC RADIO, INC. IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. SPOKANE PUBLIC RADIO, INC. HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT BELIEVES THAT SPOKANE PUBLIC RADIO HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENT EXPENSES 2,674.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
ROUNDING 1.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
EXPENSES OF CONSOLIDATED ENTITIES 67,050.
RENT EXPENSES 2,674.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 69,724.
Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: SPOKANE PUBLIC RADIO

Employer identification number: 23-7097524

Part I  Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   a. Mail solicitations
   b. Internet and email solicitations
   c. Phone solicitations
   d. In-person solicitations
   e. Solicitation of non-government grants
   f. Solicitation of government grants
   g. Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   a. Yes  
   b. No

   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

   (i) Name and address of individual or entity (fundraiser)
   (ii) Activity
   (iii) Did fundraiser have custody or control of contributions?
   (iv) Gross receipts from activity
   (v) Amount paid to (or retained by) fundraiser listed in col. (i)
   (vi) Amount paid to (or retained by) organization

   Yes  | No

Total

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19
**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 RECORD AND VIDEO SALES</th>
<th>(b) Event #2 FALL LECTURE SERIES - P.</th>
<th>(c) Other events NONE</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross receipts ........................</td>
<td>107,849.</td>
<td>29,082.</td>
<td>136,931.</td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions ...................</td>
<td>51,500.</td>
<td>2,467.</td>
<td>53,967.</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>56,349.</td>
<td>26,615.</td>
<td>82,964.</td>
</tr>
</tbody>
</table>

**Direct Expenses**

| 4       | Cash prizes ................................ |                                     |                        |                                              |
| 5       | Noncash prizes .......................... |                                     |                        |                                              |
| 6       | Rent/facility costs .................... |                                     |                        |                                              |
| 7       | Food and beverages ..................... |                                     |                        |                                              |
| 8       | Entertainment ........................... |                                     |                        |                                              |
| 9       | Other direct expenses .................. | 60,476.                             | 8,000.                 | 68,476.                                      |
| 10      | Direct expense summary. Add lines 4 through 9 in column (d) | | | 68,476. |
| 11      | Net income summary. Subtract line 10 from line 3, column (d) | | | 14,488. |

**Part III** Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? □ Yes □ No

b If "No," explain:


10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? □ Yes □ No

b If "Yes," explain:


Does the organization conduct gaming activities with nonmembers?  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Indicate the percentage of gaming activity conducted in:

<table>
<thead>
<tr>
<th>An outside facility</th>
<th>The organization's facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
<td>%</td>
</tr>
<tr>
<td>13b</td>
<td>%</td>
</tr>
</tbody>
</table>

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶  
Address ▶  

Does the organization have a contract with a third party from whom the organization receives gaming revenue?  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

If "Yes," enter the amount of gaming revenue received by the organization ▶ $  
and the amount of gaming revenue retained by the third party ▶ $  

If "Yes," enter name and address of the third party:

Name ▶  
Address ▶  

Gaming manager information:

Name ▶  
Gaming manager compensation ▶ $  
Description of services provided ▶  

<table>
<thead>
<tr>
<th>Director/officer</th>
<th>Employee</th>
<th>Independent contractor</th>
</tr>
</thead>
</table>

Mandatory distributions:

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $  

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 

---

932083 09-11-19 SPOKANE PUBLIC RADIO 23-7097524

Schedule G (Form 990 or 990-EZ) 2019
**Noncash Contributions**

**Part I**

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
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<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
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</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other</td>
<td>(RECORDS AND V)</td>
<td>X</td>
<td>300</td>
<td>50,000</td>
</tr>
<tr>
<td>26 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>28 Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Part II**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32a</td>
<td>X</td>
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</tbody>
</table>

**LHA**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE DONATION OF RECORDS AND VIDEOS REPRESENTS APPROXIMATELY 300 DONATIONS. EACH DONATION WILL HAVE A VARIABLE NUMBER OF ITEMS INCLUDED.
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.

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

Name of the organization
SPOKANE PUBLIC RADIO

Employer identification number
23-7097524

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
270,000 AND HAS A WEEKLY AUDIENCE OF 60,000 TO 70,000 LISTENERS.

FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD

FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT A GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER ANY DISCUSSION WITH THE INTERESTED PERSON THEY SHALL BE EXCUSED FROM THE MEETING. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF NO SUCH TRANSACTION OR ARRANGEMENT IS REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF SPOKANE PUBLIC RADIO AND WHETHER IT IS FAIR AND REASONABLE.
IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT
SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER
HEARING THE MEMBER’S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:
DURING THE HIRING PROCESS OF THE CEO, THE HIRING COMMITTEE MADE UP OF BOARD
MEMBERS AND COMMUNITY ADVISORS, CONSULTED THE CORPORATION OF PUBLIC
BROADCASTING ANNUAL STATION SURVEY SALARY REPORT IN DETERMINING THE SALARY.
THE BOARD VOTES EACH YEAR ON WHETHER OR NOT THERE WILL BE RAISES AND THEN
THE RAISES ARE APPROVED ON THE SAME PERCENTAGE ACROSS ALL EMPLOYEES. THERE
WERE NO RAISES DURING THIS YEAR.

FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
REVENUE EARNED BY WHOLLY OWNED C CORPORATION SUBSIDIARY -56,686.
**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Part II
**Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Yes</td>
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</tbody>
</table>

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

Schedule R (Form 990) 2019

**Name of the organization**: SPOKANE PUBLIC RADIO

**Employer identification number**: 23-7097524
### Part III: Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPR LANDLORD LLC - 47-4407794</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1229 N MONROE ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90.00%</td>
</tr>
<tr>
<td>SPOKANE, WA 99201</td>
<td>REAL ESTATE</td>
<td>WA SPR MANAGER</td>
<td>EXCLUDED</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SPR MANAGER, LLC - 47-4344951</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>1229 N MONROE ST</td>
<td>HOLDING COMPANY</td>
<td>WA SPOKANE PUBLIC</td>
<td>C CORP</td>
<td></td>
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<td>100%</td>
<td>X</td>
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Schedule R (Form 990) 2019 23-7097524 Page 2
**Part V  Transactions With Related Organizations.** Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 35b, or 36.

### Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
### Unrelated Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes</td>
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</table>

Schedule R (Form 990) 2019
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Taxpayer identification number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SPOKANE PUBLIC RADIO</td>
<td>23-7097524</td>
</tr>
</tbody>
</table>

Number, street, and room or suite no. If a P.O. box, see instructions.

1229 N MONROE ST

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SPOKANE, WA 99201-2524

Enter the Return Code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

CARY BOYCE

Telephone No. (509) 328-5729
Fax No. (509) 328-5764

If the organization does not have an office or place of business in the United States, check this box □.

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) □. If this is for the whole group, check this box □ and attach a list with the names and TINs of all members the extension is for.

1. I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
   □ calendar year
   □ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

2. If the tax year entered in line 1 is for less than 12 months, check reason:
   □ Initial return
   □ Final return
   □ Change in accounting period

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.