Form	990
Form	990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the I	-	•		Open to Public Inspection			
-			ar year, or tax year beginning JUL 1, 2022 and end	ding JU	JN 30, 2023		•			
	Check if applicab		forganization		D Employer ident	tificat	ion number			
	Addre	ess CHICAG	O PUBLIC MEDIA, INC.							
	Name		usiness as		36-368739	94				
	Initial			om/suite	E Telephone num	ber				
	 Final return	848 E	GRAND AVE, NAVY PIER		312-948-46					
-	termir ated	1-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		65,032,942.			
	Amen return	ded CUTCAC	O, IL 60611		H(a) Is this a group	o retur	'n			
	Applic tion	F Name a	nd address of principal officer: MATTHEW MOOG		for subordinat	tes?	Yes X No			
	pendi	na	C ABOVE		H(b) Are all subordinate	es incluc	ied? Yes No			
1	Tax-ex	empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach	n a list	. See instructions			
	Websi		IICAGOPUBLICMEDIA.ORG		H(c) Group exemp	tion n	umber			
K	orm o		X Corporation Trust Association Other	L Year o	of formation: 1989	M S	tate of legal domicile: IL			
Pa	art I	Summary								
a	1	Briefly describ	be the organization's mission or most significant activities: CHICAGO P	UBLIC	MEDIA SERVES TH	łΕ				
ŭ		PUBLIC INT	EREST BY CREATING AND DELIVERING DIVERSE, COMPELLING							
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of	of more	than 25% of its net a	assets	S.			
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	24			
		Number of inc	4	24						
ŝ	5	Total number	5	210						
viti	6	Total number		6	50					
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			7a	1,157,178.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			7b	63,894.			
					Prior Year		Current Year			
Ð	8	Contributions	and grants (Part VIII, line 1h)	27,026,63	_	30,954,140.				
Revenue	9	-	ice revenue (Part VIII, line 2g)		2,725,968	_	2,223,748.			
ě	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,317,333		5,283,557.			
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		220,50	_	236,413.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		32,290,439	_	38,697,858.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)).	0.			
	14		to or for members (Part IX, column (A), line 4)).	0.				
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		().	0.			
ăx	. b		ing expenses (Part IX, column (D), line 25) 6,657,362							
ш	"		es (Part IX, column (A), lines 11a-11d, 11f-24e)		11,836,453	_	12,126,736.			
	18	Total expense	_	29,952,071.						
	19	Revenue less	3,806,960	_	8,745,787.					
S OL				Beç	ginning of Current Yea	_	End of Year			
Net Assets or	20		Part X, line 16)		91,335,229	_	105,531,134.			
it As	21		s (Part X, line 26)		34,112,70		38,456,670.			
			fund balances. Subtract line 21 from line 20		57,222,528	³ .	67,074,464.			
	art II	Signatur								
			I declare that I have examined this return, including accompanying schedules and		•	my kn	owledge and belief, it is			
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer l	has any knowledge.					

Sign	Signature of officer		Date				
Here	MATTHEW MOOG, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	LU ANN TRAPP	LU ANN TRAPP	10/31/23		P01506476		
Preparer	Firm's name PLANTE & MORAN, PLLC			Firm's EIN 38-	1357951		
Use Only	Firm's address 10 S. RIVERSIDE PLAZA, 9T	H FLOOR					
	CHICAGO, IL 60606			Phone no.(312)	207 - 1040		
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No	
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990	(2022)	

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

	990 (2022) CHICAGO PUBLIC MEDIA, INC.	36-3687394	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: CHICAGO PUBLIC MEDIA SERVES THE PUBLIC INTEREST BY CREATING AND		
	DELIVERING DIVERSE, COMPELLING CONTENT THAT INFORMS, INSPIRES,		
	ENRICHES AND ENTERTAINS. THROUGH A BROAD RANGE OF MEDIA PLATFORMS, WE		
	CONNECT DIVERSE AUDIENCES IN OUR SERVICE AREA AND BEYOND TO ONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expense	s, and
	revenue, if any, for each program service reported.	1	C00 100 x
4a	· · · · · · · · · · · · · · · · · · ·	e\$	<u>,628,190.</u>)
	CHICAGO PUBLIC MEDIA, INC. IS A 501(C)(3) CHARITABLE ORGANIZATION THAT		
	SERVES THE PUBLIC INTEREST BY PRODUCING AND DELIVERING DIVERSE,		
	COMPELLING CONTENT OF MULTIPLE VIEWPOINTS AND EXPRESSION. CHICAGO PUBLIC MEDIA BROADCASTS ITS SERVICE ON FOUR NON-COMMERCIAL FM RADIO		
	STATIONS: WBEZ 91.5 FM IN CHICAGO, WBEQ 90.7 FM IN MORRIS, 91.7 FM (W219CD) IN ELGIN, ILLINOIS, AND WBEK 91.1 FM IN KANKAKEE, ILLINOIS;		
	DIGITALLY VIA WBEZ.ORG, SMART SPEAKERS, MOBILE APPS, PODCASTS AND IN		
	LIVE EVENTS THAT GENERATE CONVERSATIONS ACROSS COMMUNITIES.		
	LIVE EVENTS THAT GENERATE CONVERSATIONS ACROSS COMMUNITIES.		
4b	(Code:) (Expenses \$ 608,786. including grants of \$) (Revenue)
40	CHICAGO PUBLIC MEDIA OPERATES A PUBLIC MEDIA ON-LINE/ON-AIR SERVICE, ON	e)
	91.1 FM WHICH IS BROADCAST ON WBEW 89.5 FM IN CHESTERTON, INDIANA, AND		
	ON 91.1 FM (W216CL) IN CHICAGO. VOCALO RADIO WAS ESTABLISHED AS AN		
	INSPIRATIONAL BRAND THAT CELEBRATES OUR CITY'S CULTURAL DIVERSITY AND		
	BRINGS THE COMMUNITY TOGETHER AROUND MUSIC - SPECIFICALLY, THE URBAN		
	ALTERNATIVE FORMAT. VOCALO RADIO ACTIVELY LOOKS TO CREATE AND PROMOTE		
	POSITIVITY AND, THROUGH MUSIC, BREAK DOWN THE BARRIERS THAT SEGREGATE		
	OUR COMMUNITIES.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	le\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses19,249,683.		000
		For	m 990 (2022)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	111		
120	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			ł
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Ŧ
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
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CHICAGO PUBLIC MEDIA, INC.

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
C		24c		x
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>270</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable $1a$ 200		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a200Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X	
3a			3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-		l l	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country			l i	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			 	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		l l	
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts		ſ	
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required		ſ	
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
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?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			l i	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		l i	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		l i	
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		l i	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			l i	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b		l i	
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
		24	Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year 1a	24		
	If there are material differences in voting rights among members of the governing body, or if the governing			
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			x
7a				
	more members of the governing body?	7a		x
b				
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	<u>10b</u>		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11a	X	
b				
2a			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12b</u>	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45 -	x	
a ⊾	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	<u>15b</u>	А	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	x	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b	x	
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filedIL, IN, MI, NY, WI, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	<i>)</i> (0)0 0111 <i>)</i>)	avana	010
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and finan	cial	
-	statements available to the public during the tax year.	,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	RINA DEDHIA - 312-948-4634			
	848 E. GRAND AVE., NAVY PEIR, CHICAGO, IL 60611			
3200	6 12-13-22	Forn	ו 990	(2022)
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Form 990 (2		36-3687394	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or v	within the organization'	s tax year.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per for an anothol for an elabority of the anal director and the anothol for melated anothol for	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veck box unservection and a mount of the compensation of the compensation from the discovere and a mount of the compensation from the discovere and a mount of the compensation from the compensate compensate compensation from the compensation from the compens	Name and title	Average	(do						Reportable	Reportable	Estimated
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(9) DEBRA CHAMRA 30.00 X 200,274. 0. 23,482. (10) ELIZABETH BERGER 26.00 X 176,496. 0. 29,457. (11) KEVIN DAWSON 40.00 X 182,182. 0. 18,372. (11) KEVIN DAWSON 40.00 X 182,182. 0. 18,372. (12) AMY WIELUNSKI 36.00 X 177,206. 0. 14,591. (13) NICHOLAS DEPREY 20.00 X 170,549. 0. 7,434. (14) PIYUSH CHAUDHARI 1.00 X 0. 0. 0. 0. BOARD CHAIR 0.25 X X 0. 0. 0. 0. VICE CHAIR 0.25 X X 0. 0. 0. 0. (16) DILNAZ A. WARAICH 1.00 X X 0. 0. 0. 0. (17) NIVINE MEGAHED, PH.D. 1.00 X X 0. 0. 0. 0. 0.		20.00									
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(10) ELIZABETH BERGER 26.00 x 176,496. 0. 29,457. (11) KEVIN DAWSON 40.00 x 182,182. 0. 18,372. (11) KEVIN DAWSON 40.00 x 182,182. 0. 18,372. (12) AMY WIELUNSKI 36.00 x 177,206. 0. 14,591. (13) NICHOLAS DEPREY 20.00 x 170,549. 0. 7,434. (14) PIYUSH CHAUDHARI 1.00 x 170,549. 0. 7,434. (15) ROBERT PASIN 1.00 x 0. 0. 0. 0. VICE CHAIR 0.25 x x 0. 0. 0. 0. (16) DILNAZ A. WARAICH 1.00 x x 0. 0. 0. 0. (17) NIVINE MEGAHED, PH.D. 1.00 1.00 1.00 0. 0. 0. 0. 0.											
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(11) KEVIN DAWSON 40.00 x 182,182. 0. 18,372. (12) AMY WIELUNSKI 36.00 x 182,182. 0. 18,372. (12) AMY WIELUNSKI 36.00 x 177,206. 0. 14,591. (13) NICHOLAS DEPREY 20.00 x 170,549. 0. 7,434. (14) PIYUSH CHAUDHARI 1.00 x 0. 0. 0. 0. BOARD CHAIR 0.25 x x 0. 0. 0. 0. VICE CHAIR 0.25 x x 0. 0. 0. 0. SECRETARY 0.25 x x 0. 0. 0. 0.											
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(12) AMY WIELUNSKI 36.00 x 177,206. 0. 14,591. (13) NICHOLAS DEPREY 20.00 x 177,206. 0. 14,591. (13) NICHOLAS DEPREY 20.00 x 170,549. 0. 7,434. (14) PIYUSH CHAUDHARI 1.00 x 0. 0. 0. BOARD CHAIR 0.25 x x 0. 0. 0. VICE CHAIR 0.25 x x 0. 0. 0. (16) DILNAZ A. WARAICH 1.00 x x 0. 0. 0. (17) NIVINE MEGAHED, PH.D. 1.00 x x 0. 0. 0.											
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(13) NICHOLAS DEPREY 20.00 x 170,549. 7,434. VP OF PRODUCT 1.00 x 170,549. 0. 7,434. (14) PIYUSH CHAUDHARI 1.00 x 0. 0. 0. BOARD CHAIR 0.25 X X 0. 0. 0. (15) ROBERT PASIN 1.00 VICE CHAIR 0.25 X X 0. 0. 0. 0. (16) DILNAZ A. WARAICH 1.00 (17) NIVINE MEGAHED, PH.D. 1.00 											
VP OF PRODUCT 20.00 X 170,549. 0. 7,434. (14) PIYUSH CHAUDHARI 1.00 0.25 X X 0. 0. 0. BOARD CHAIR 0.25 X X 0. 0. 0. 0. (15) ROBERT PASIN 1.00 X X 0. 0. 0. VICE CHAIR 0.25 X X 0. 0. 0. (16) DILNAZ A. WARAICH 1.00 X X 0. 0. 0. (17) NIVINE MEGAHED, PH.D. 1.00 X X 0. 0. 0.							X		177,206.	0.	14,591.
(14) PIYUSH CHAUDHARI 1.00 0.25 x x 0. 0. 0. BOARD CHAIR 0.25 x x 0. 0. 0. 0. (15) ROBERT PASIN 1.00 1.00 0. 0. 0. 0. 0. VICE CHAIR 0.25 x x 0. 0. 0. 0. (16) DILNAZ A. WARAICH 1.00 0.25 x x 0. 0. 0. SECRETARY 0.25 x x 0. 0. 0. 0. (17) NIVINE MEGAHED, PH.D. 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00										_	
BOARD CHAIR 0.25 X X 0.		-					X		170,549.	0.	7,434.
(15) ROBERT PASIN 1.00 x x 0.											
VICE CHAIR 0.25 X X 0.			Х		X				0.	0.	0.
(16) DILNAZ A. WARAICH 1.00 x x 0.<											_
SECRETARY 0.25 x x 0.			х		X		<u> </u>		0.	0.	0.
(17) NIVINE MEGAHED, PH.D. 1.00										_	_
			X		X		<u> </u>		0.	0.	0.
											_
TREASURER 0.25 X X 0.		0.25	х		X				0.	0.	

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Form 990 (2022)

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2022.05000 CHICAGO PUBLIC MEDIA, INC 112608_1

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36-3687394 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (I										(F)			
Name and title	Average Position (do not check more than one						ne	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensatio	n	ar	nount	of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related			other	
	(list any	rector						the	organizations			ipensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	iC/		om th	
	organizations	ustee	trustee		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	ual tr	tional		ploye	t con		1099-INEC)				anizati	
	line)	ndividual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				orga	anzan	0115
(18) STEVE BAIRD (TO 9/22)	1.00	-		0	×	<u> </u>	ш						
DIRECTOR	0.25	x						0.		٥.			0.
(19) MARCY CARLIN	1.00	^						υ.		••			
								0					•
DIRECTOR	0.25	х						0.		٥.			0.
(20) HOWARD CONANT, JR.	1.00												
DIRECTOR	0.25	х						0.		0.			0.
(21) RAYMOND E. CROSSMAN, PH.D.	1.00												
DIRECTOR	0.25	Х						0.		0.			0.
(22) THOMAS FISHER, JR., MD	1.00												
DIRECTOR	0.25	Х						0.		٥.			0.
(23) WILLIAM A. GEE, IV	1.00												
DIRECTOR	0.25	Х						0.		٥.			0.
(24) KIMBERLEY GOODE (BEG. 9/22)	1.00												
DIRECTOR	0.25	х						0.		٥.			Ο.
(25) STEPHANIE HARRIS (TO 11/22)	1.00												
DIRECTOR	0.25	x						0.		٥.			Ο.
(26) BRUCE HEYMAN (BEG. 3/22)	1.00												
DIRECTOR	0.25	x						0.		٥.			Ο.
	-							3,391,950.		0. 281,028			
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
								3,391,950.		0.	281,028.		
d Total (add lines 1b and 1c)								, , ,	200 - (. 281,028.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ac	ove	e) wn	o re	ceived more than \$100,0	JUU of reportable				42
compensation from the organization												Yes	No
										I		165	NU
3 Did the organization list any former officer,			key e	empl	oye	e, or	hig	hest compensated empl	oyee on		-		v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su			-						-				
and related organizations greater than \$150											4	Х	<u> </u>
5 Did any person listed on line 1a receive or a					-			•	lual for services				
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ich i	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)			(0		
Name and business	address							Description of s	ervices	С	ompe	nsatio	n
MARKET ENGINUITY, 3131 E CLAREDON AV	Е,							UNDERWRITING ACCOUNT	ТИ				
SUITE 105, PHOENIX, AZ 85016							þ	EXECUTIVES			1	,372,	135.
JONES DAY													
51 LOUISIANA AVE NW, WASHINGTON, DC	20001						þ	LEGAL SERVICES				380,	167.
MCDERMOTT, WILL & EMERY LLP												,	
P.O. BOX 1675, CAROL STREAM, IL 6013	2							LEGAL SERVICES				333	873.
V THREE STUDIOS LLC							-					1	
7321 BRUNO AVE, SAINT LOUIS, MO 6311	7							ARCHITECTURAL SERV	ICES			296	924.
SKENDER CONSTRUCTION LLC	-						f					,	
							929.						
		at 11		1 +	+ ka - c				we then			±09,	
2 Total number of independent contractors (i	•	Jt IIr	nitec	1 10 1		se lis 6	ιed	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation					5							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 CHICAGO PUBLI	1									
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	dual t	ution	5	Key employee	stco	er			organizatione
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) ROGER HOCHSCHILD	1.00									
DIRECTOR	0.25	х						٥.	0.	0.
(28) ADRIENNE KING	1.25									
DIRECTOR	1.25	х						٥.	0.	0.
(29) LERRY J. KNOX, JR.	1.25									
DIRECTOR	1.25	х						٥.	0.	0.
(30) CHARLES LEWIS (BEG. 6/22)	1.00									
DIRECTOR	0.25	х						٥.	0.	0.
(31) LISA MORRISON BUTLER (BEG. 9/22	1.00									
DIRECTOR	0.25	х						٥.	0.	0.
(32) KEDRA NEWSOM	1.00									
DIRECTOR	0.25	х						٥.	0.	0.
(33) JULIAN POSADA	1.00									
DIRECTOR	0.25	х						٥.	0.	0.
(34) PAUL RAND (BEG. 11/22)	1.00									
DIRECTOR	0.25	х						0.	0.	0.
(35) BILL RUDNICK (BEG. 9/22)	1.00									
DIRECTOR	0.25	х						0.	0.	0.
(36) BERNARDO SICHEL	1.00									
DIRECTOR	0.25	х						0.	Ο.	0.
(37) JESSICA SIEJA (BEG. 3/22)	1.00									
DIRECTOR	0.25	х						0.	Ο.	0.
(38) BRYAN TRAUBERT (TO 9/22)	1.00									
DIRECTOR	0.25	х						0.	Ο.	0.
(39) DOMINIQUE JORDAN TURNER(TO 4/22	1.00									
DIRECTOR	0.25	х						0.	0.	0.
(40) ELIZABETH THOMPSON	1.00									
DIRECTOR	0.25	х						0.	0.	0.
(41) LAURA VAN PEENAN	1.00									
DIRECTOR	0.25	Х						٥.	0.	0.
		l								
		l								
								1		

Par	t VIII	Statement of Re	ven	lue						-
		Check if Schedule O	conta	ains a respo	nse	or note to any lin		(5)	(2)	[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
and Other Similar Amounts						12,980,136.				
õ		Fundraising events				1,460,779.				
ΓA		Related organizations				, , -				
nila		Government grants (contr				1,700,595.				
Sir		All other contributions, gifts,				, ,				
her	•	similar amounts not included	•			14,812,630.				
ġ	g	Noncash contributions included in				192,666.				
anc	-	Total. Add lines 1a-1f					30,954,140.			
						Business Code				
	2 a	THIS AMERICAN LIFE	REV			516100	1,013,686.	1,013,686.		
0	b	DIGITAL SPONSORSHIP	S			516100	855,958.		855,958.	
nue	с	MEMBERSHIP EVENTS				516100	254,313.	254,313.		
eve	d	PRODUCTION & STUDIO	RE			516100	99,791.	99,791.		
Revenue	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					2,223,748.			
	3	Investment income (includ	ding	dividends, ir	itere	st, and				
							1,887,284.		141,000.	1,746,2
	4	Income from investment of					0.00 400	0.00 400		
	5	Royalties					260,400.	260,400.		
	-			(i) Real	20	(ii) Personal				
		Gross rents	6a		20.					
		Less: rental expenses	6b							
		Rental income or (loss)	6c	100,2	20.		160,220.		160,220.	
		Net rental income or (loss) Gross amount from sales of) <u></u>	(i) Securit	 AS	(ii) Other	100,220.		100,220.	
	<i>i</i> a	assets other than inventory	72	29,454,1		59,698.				
	h	Less: cost or other basis	74	,,_		,				
e		and sales expenses	7b	26,117,5	32.	ο.				
enne	с	Gain or (loss)	7c			59,698.				
Uther Hev		Net gain or (loss)					3,396,273.			3,396,2
e		Gross income from fundraisi								
5		including \$1,4	460,	,779. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	33,345.				
	b	Less: direct expenses			8b	217,552.				
	С	Net income or (loss) from	fund	Iraising even	ts		-184,207.			-184,2
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	, 					
	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from	sale	s of inventor	у	Business Code				
	11 -					Busilless Code				
Revenue	11 а ь									
ven	b									
Be	c d									
		All other revenue Total. Add lines 11a-11d								
	е									

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2022.05000 CHICAGO PUBLIC MEDIA, INC 112608_1

CHICAGO PUBLIC MEDIA, TNC 36-3687394 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 501,804. trustees, and key employees 2,026,002. 1,014,638 509,560. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,833,804. Other salaries and wages 9,616,817. 1,057,924. 2,159,063. 7 8 Pension plan accruals and contributions (include 49,903. section 401(k) and 403(b) employer contributions) 319,791 238,417 31,471 1,538,903 1,263,545. 4,649 270,709. Other employee benefits 9 1,106,835, 767,646. 136,275 202,914. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 225,192. 83,116, 142,076 b Legal 83,767. 83,767, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 131,552. 131,552. f Other. (If line 11g amount exceeds 10% of line 25, g 2,988,551 560,144 735,362 1,693,045. column (A), amount, list line 11g expenses on Sch 0.) 748,128 439,418, 308,710. Advertising and promotion 12 587,293 191,688. 821,617. 42,636 13 Office expenses _____ 902,444, 479,366, 187,127 235,951. Information technology 14 Royalties 15 579,805 483,073 44,835 51,897. 16 Occupancy 205,231 125,993. 69,301. 9,937. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 41,000. 29,140 18,686. 88,826. Conferences, conventions, and meetings 19 693,920, 482,260, 83,918 127,742. 20 Interest Payments to affiliates 21 1,603,549 1,237,532 175,796 190,221. 22 Depreciation, depletion, and amortization 193,196 18,371 30,961. 143,864 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROGRAMMING 2,026,077. 2,026,077, 0. Ο. а CREDIT CARD FEES 359,876 1,074, 0 358,802. b MEMBER PREMIUMS 326,680, 326,680, 0. Ο. С UBI TAX EXPENSE 29,918. 0 29,918 Ο. d 118,407, 25,196 -154,362 247,573. All other expenses е 29,952,071 19,249,683 4,045,026 6,657,362. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

11

Form 9			INC.			36-3	687394 Page 11
Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any lir	ie in this Part X			(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			11,778,529.	1	2,073,431
	2	Savings and temporary cash investments			, ,	2	445,298
	3	Pledges and grants receivable, net			4,139,318.	3	6,953,927
	4	Accounts receivable, net			1,225,321.	4	933,741
	5	Loans and other receivables from any current or					
	J	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				J	
	0	under section 4958(f)(1)), and persons described	•	,		6	
	7					7	
ets	7	Notes and loans receivable, net				8	
Assets	8	Inventories for sale or use			462,303.	9	551,484
	9		 I I		402,505.	9	551,404
	iua	Land, buildings, and equipment: cost or other	100	36,256,832.			
	L	basis. Complete Part VI of Schedule D		18,983,596.	17,263,423.	100	17,273,236
		Less: accumulated depreciation	53,201,917.		74,147,955		
	11	Investments - publicly traded securities		55,201,517.	11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1	1 260 512	13	1 260 512		
	14	Intangible assets	<u> </u>	14	1,360,513		
	15	Other assets. See Part IV, line 11	91,335,229.	15	1,791,549		
	16	Total assets. Add lines 1 through 15 (must equa	, ,	16	105,531,134		
	17	Accounts payable and accrued expenses			3,018,391.	17	3,197,143
	18	Grants payable			46 242	18	170 001
	19	Deferred revenue			46,243.	19	170,991
	20	Tax-exempt bond liabilities			21,841,484.	20	21,850,169
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
ΞĮ.		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela		·····	4 400 070	23	2 000 000
	24	Unsecured notes and loans payable to unrelated			4,499,972.	24	3,888,889
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			0 040 450
		of Schedule D			4,706,611.	25	9,349,478
	26	Total liabilities. Add lines 17 through 25			34,112,701.	26	38,456,670
s		Organizations that follow FASB ASC 958, che	ck here	X			
e l		and complete lines 27, 28, 32, and 33.			05 050 000		20,002,000
alar	27	Net assets without donor restrictions	25,959,990.	27	38,223,290		
Ä	28	Net assets with donor restrictions	31,262,538.	28	28,851,174		
ŭ		Organizations that do not follow FASB ASC 98	58, check	here			
۳ ۲		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
÷	31	Retained earnings, endowment, accumulated inc				31	
Se	32	Total net assets or fund balances			57,222,528.	32	67,074,464
	33	Total liabilities and net assets/fund balances			91,335,229.	33	105,531,134

Form 990 (2022)

Form	990 (2022) CHICAGO PUBLIC MEDIA, INC.	36-36873	94	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	,697,	858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	,952,	071.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,745,	787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57	,222,	528.
5	Net unrealized gains (losses) on investments	5		554,	250.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		551,	899.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	67	,074,	464.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A	١
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(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Mama	A 4 4 A A	organization
name	or the	organization

		f the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection		
Nan	ne of t	the organizati		e e e e e e e e e e e e e e e e e e e					Employer	identification number		
		U U		O PUBLIC MEDIA,	INC.					36-3687394		
Pa	rt I	Reason		1	(All organizations must o	omplete th	nis part.) S	ee instructior				
The	organ				For lines 1 through 12, c							
1			•		on of churches described)(A)(i).				
2	\square							· · · · · · · ·				
3	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	\square	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:										
5		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.)										
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		-			(1)(A)(vi). (Complete Par	-						
9					in section 170(b)(1)(A)(
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:										
10		-		• • • •	than 33 1/3% of its supp				-	•		
					t to certain exceptions; a							
					(less section 511 tax) fro	om busines	ses acquii	red by the org	janization a	πer June 30, 1975.		
44				mplete Part III.)	walk to toot for public or	fatu Caa	oootion EC	O(a)(4)				
11 12	\square	-	-	-	ively to test for public sa ively for the benefit of, to	•			rny out the	nurneses of one or		
12					id in section 509(a)(1) o							
					f supporting organization							
а		7			upervised, or controlled					aivina		
				-	gularly appoint or elect a	• • • •	-					
			-	complete Part IV, Se		·····j-···j -						
b		¬ -		-	or controlled in connect	tion with it:	s supporte	d organizatio	n(s). bv hav	rina		
				-	anization vested in the sa			-		-		
			-	t complete Part IV,		•						
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,		
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III no	n-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection w	ith its suppo	ted organiz	ation(s)		
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness		
		requiremen	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f		er the number		•								
g		vide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	monoton	(vi) Amount of other		
	,	organization			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)		
		5			above (see instructions))	Yes	No		,			
Tota												

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 25,078,179 29,216,831 27,026,635. 30,954,140. 29,184,112. 141,459,897. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 29,184,112, 25,078,179, 29,216,831, 27,026,635. 30,954,140. 141,459,897. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 160,968. 141,298,929. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>022 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 29,184,112. 25,078,179. 29,216,831. 27,026,635. 30,954,140. 141,459,897. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 600,737 1,887,284 5,070,402. 762,816. 685,565. 1,134,000. and income from similar sources 9 Net income from unrelated business activities, whether or not the 210,806 20,526, 40,689 97,404, 63,894, 433,319. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 146,963,618. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 9,511,433. 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.15 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 97.19 15 % 16a 33 1/3% support test - 2022. 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 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(6	e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
See	ction B. Total Support	•	-	-	-				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	((e) 2022	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,	_
_	check this box and stop here		-						
See	ction C. Computation of Publi	c Support Pe	rcentage						
	Public support percentage for 2022 (column (f))		15			%
-	Public support percentage from 2021			<u></u>		16			%
	ction D. Computation of Inves								
	Investment income percentage for 20					17			%
18	Investment income percentage from					18	Const D	7 :	%
198	a 33 1/3% support tests - 2022. If the						o, and line 17	r is not	
	more than 33 1/3%, check this box a							L	
b	33 1/3% support tests - 2021. If the								
20	line 18 is not more than 33 1/3%, che			-			•	L	\exists
	Private foundation. If the organization	IT UIU HOL CHECK a	DUX OFFICE 14, 19	a, or too, check th	THE DUX AND SEE INS	STUCIO		 (Form 990) 20	<u></u>
20207	23 12-09-22						Schedule P	(1 0111 990) ZU	~~~

16

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

Part IV	Supporting	J Organizations (continued)
Schedule A	(Form 990) 202	2 CHICAG	O PUBLIC

Yes

Yes No

Yes No

1

2

No

		Yes	No
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 on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations	1		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
2	Did the organization operate for the benefit of any supported organization other than the supported	

MEDIA, INC.

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. 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)	1

110 30	bbonica orga	nzationis).	
Section D). All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- 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 governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A (Form 990) 2022	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	1
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-	Check have if the surrent upper in the experimation's first as a pap functional	ly into and		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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

Schedule A (Form 990) 2022

Section D - Distributions

2

3

6

7

8

9

1

10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019

Schedule A (Form 990) 2022

CHICAGO PUBLIC MEDIA, INC.

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

(provide details in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

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

Current Year

36-3687394

1

2

3

4

5

6

7

8 9

Schedule A (Form 990) 2022 CHICAGO PUBLIC MEDIA, INC.		Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	3, lines 1 and 2; Part IV, Sectic 1; Part V, Section B, line 1e; F	on C,
232028 12-09-22	Schedule A (Form	990) 2022

Schedule B

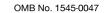
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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



2022

Employer identification number

CHICAGO PUBLIC MEDIA,	INC.
Organization type (check one):	

36-3687394

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

	3 (Form 990) (2022)		1	Page 2
Name of or	rganization		Employe	er identification number
CHICAGO	PUBLIC MEDIA, INC.		36-	3687394
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$2,500		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$1,600		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$1,470		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$	((Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

	3 (Form 990) (2022)		Page 3
Name of or	ganization		Employer identification number
CHICAGO	PUBLIC MEDIA, INC.		36-3687394
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule E	3 (Form 990) (2022)		Page 4	
Name of or	rganization		Employer identification number	
CHICAGO	PUBLIC MEDIA, INC.		36-3687394	
		through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.) \$	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(a) Transfor of gift		
	Transferra is nome address or	(e) Transfer of gift	Deletionship of transform to transform	
-	Transferee's name, address, ar		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2022)

	1	Our a la mante	L Financial Otatamanta		OMB No. 154	5.0047
			al Financial Statements		202	<u>)</u>)))
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to F Inspectio	
Nam	e of the organizatio	on		Employer i	dentification	number
Dec		CHICAGO PUBLIC MEDIA, INC.			6-3687394	
Pa		n answered "Yes" on Form 990, Part IV, line	d Funds or Other Similar Funds or Ac	counts. C	omplete if the)
	organization			(b) Funds and	other accoun	ts
1	Total number at en	d of year				
2	Aggregate value of					
3	Aggregate value of					
4		end of year				
5	Did the organizatio	n inform all donors and donor advisors in v	writing that the assets held in donor advised func	ds		
			exclusive legal control?		Yes	No
6	0	6 / /	dvisors in writing that grant funds can be used o	5		
			r donor advisor, or for any other purpose conferri	č	,	
Pa	t II Conserva	ate benefit?	ganization answered "Yes" on Form 990, Part IV,		Yes	No No
1		ervation easements held by the organization				
•		of land for public use (for example, recreat		orically importa	ant land area	
		f natural habitat	Preservation of a certi			
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation eas	ement on the	last
	day of the tax year.			Held at	the End of the	Tax Year
а	Total number of co	nservation easements		2a		
b	•			2b		
С			ucture included in (a)	2c		
d		vation easements included in (c) acquired a	•			
2			and outinguiched or terminated by the organi	2d	hatov	
3		ation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	zation during t	ne tax	
4	year	 vhere property subject to conservation eas	ement is located			
5		ion have a written policy regarding the per				
		prcement of the conservation easements it		[Yes	🗌 No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio		during the yea	ar
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements during	g the year	
•				(1)		
8			e satisfy the requirements of section 170(h)(4)(B)		Yes	No
9			on easements in its revenue and expense statem			
Ŭ			ote to the organization's financial statements that		e	
	organization's acco	ounting for conservation easements.	C C			
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Asse	ets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1 a	e e	· •	8, not to report in its revenue statement and bala		rks	
			lic exhibition, education, or research in furtheran	nce of public		
L	•		icial statements that describes these items.	aboot weater	.f	
b	-		8, to report in its revenue statement and balance			
		ng amounts relating to these items:	exhibition, education, or research in furtherance		10 0 ,	
				\$		
2	.,		asures, or other similar assets for financial gain, p			
	-	ints required to be reported under FASB A				
а	Revenue included	on Form 990, Part VIII, line 1	-	\$		
b	Assets included in	\$				

LHA For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.
232051 09-01-22	

Schedule D (Form 990) 2022

Sche		BLIC MEDIA, INC.				36-368		Pa	_{age} 2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes"	on Form 990), Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custodi		arv for contribution	s or other assets no	t included				
							Yes		No
b	on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	······································						Amoun	t	
с	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pa	rt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	1,255,400.	1,467,019.	1,077,254	. 1,0	47,882.	1	,000,	095.
b	Contributions								
с	Net investment earnings, gains, and losses	190,372.	-160,643.	433,336	•	70,388.		47,	787.
d	Grants or scholarships	54,188.	50,976.	43,571	•	41,016.			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	1,391,584.	1,255,400.	1,467,019	. 1,0	77,254.	1	,047,	882.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 71.8610	%							
С	Term endowment28.1390								
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for	the		1		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		vment funds.						
га	Complete if the organization answered		Dort IV line 11e S	oo Form 000 Dort	V line 10				
						.	()		
	Description of property	(a) Cost or ot basis (investm	.,		Accumulate depreciation		(d) Boo	k valu	Э
1a	Land		,992.	515,666.			1	,155,	658.
b	Buildings								
	Leasehold improvements			,858,438.	10,690,			,167,	
d	Equipment			,429,164.	7,715,			<u>,713,</u>	
-	Other			,813,572.		757.		,236,	
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part ≽	(<u>, column (B), line 1</u>	0c.)		<u></u>		,273,	

Schedule D (Form 990) 2022

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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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. (a) Description of liability (b) Book value 1 (1) Federal income taxes LIABILITY UNDER SWAP AGREEMENT -2,369,076. (2)OPERATING LEASE LIABILITY 1,791,549 (3) DUE TO AFFILIATE 9,927,005 (4) (5) (6) (7) (8) (9) 9,349,478. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 CHICAGO PUBLIC MEDIA, INC.			36-368739	4 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	42,669,278.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	554,250.		
b	Donated services and use of facilities	2b	3,154,227.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	394,495.		
е	Add lines 2a through 2d			2e	4,102,972.
3	Subtract line 2e from line 1			3	38,566,306.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	131,552.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	131,552.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	38,697,858.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	32,817,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	3,154,227.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	3,154,227.
3	Subtract line 2e from line 1			3	29,663,115.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	131,552.		
b	Other (Describe in Part XIII.)	. 4b	157,404.		
с	Add lines 4a and 4b			4c	288,956.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	29,952,071.
Pa	rt 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.

30

PART V, LINE 4:

\$1M ENDOWMENT WILL REMAIN PERMANENTLY RESTRICTED. DISTRIBUTIONS, NOT TO

EXCEED 4% OF THE VALUE OF THE FUND IN ANY GIVEN YEAR, WILL BE USED TO

SUPPORT GENERAL OPERATIONS AT CPM.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW, EXCEPT FOR TAXES

PERTAINING TO UNRELATED BUSINESS INCOME, IF ANY.

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

232054 09-01-22

232055 09-01-22		Schedule D (Form	990) 2022
MEMBER EVENT EXPENSE NETTED AGAINST REVENUE	157,404.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	394,495.		
MEMBER EVENT EXPENSE NETTED AGAINST REVENUE			
CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
INTERNAL REVENUE SERVICE FOR TAX YEARS BEFORE 2020.			
STATE OF ILLINOIS AND IS GENERALLY NO LONGER SUBJECT TO EX	KAMINATION BY THE		
THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISI	DICTION AND THE		
IN THESE CONSOLIDATED FINANCIAL STATEMENTS.			
IDENTIFIED OR RECORDED AS LIABILITIES FOR THE REPORTING PI	ERIODS PRESENTED		
UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX H	BENEFITS		
BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF H	BEING REALIZED		
STATEMENTS FROM SUCH A POSITION, IF ANY, ARE MEASURED BAS	ED ON THE LARGEST		
TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE CONSOL	IDATED FINANCIAL		
VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRI	ELATED BUSINESS		
TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZ	ZATION AND		
AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION	N. EXAMPLES OF		
THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMIN	NATION BY TAXING		
THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT	IS MORE LIKELY		
FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATIO	ON MAY RECOGNIZE		
BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSC			

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	es	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or	if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c						Open to Public Inspection
Name of the organizatio		o www.irs.gov/Form990 for instruc	tions	and ti	ne latest information		mplover ide	entification number
5		BLIC MEDIA, INC.					36-36873	
	sing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17. F	Form 990-E2	Z filers are not
 a Mail solicita b Internet and c Phone solicita d In-person so 2 a Did the organization key employees listic b If "Yes," list the 10 	tions I email solicitations itations olicitations on have a written c ted in Form 990, P	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	·	Yes aiser is to b	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody itrol of	(iv) Gross receipts from activity	to (or r fur	nount paid etained by) idraiser I in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exe	empt from re	egistration

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

Schedule G (Form 990) 2022

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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.

0			(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,494,124.			1,494,124.
Ľ	2	Less: Contributions	1,460,779.			1,460,779.
	3	Gross income (line 1 minus line 2)	33,345.			33,345.
	4	Cash prizes				
	5	Noncash prizes	262.			262.
Senses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	217,290.			217,290.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			217,552.
	11	Net income summary. Subtract line 10 from li				-184,207.
Ра	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				

ш.	1	Gross revenue						
ses	2	Cash prizes						
xpens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	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 b If "No," explain:							
10a	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b	b If "Yes," explain:							

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	CHICAGO PUBLIC MEDIA, INC.	36-3687394 Page	e 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	No
12		eficiary or trustee of a trust, or a member of a partnership or other entity		
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming		1 1	
				%
				%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books a	and records:	
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming reve	enue? Yes	No
k		ing revenue received by the organization \$ a	nd the amount	
	of gaming revenue retained by the			
c	: If "Yes," enter name and address	of the third party:		
	Name			
	Name			—
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
				—
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
a		state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No
k	Enter the amount of distributions	required under state law to be distributed to other exempt organizations	or spent in the	
_	organization's own exempt activit			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t),
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
2320	83 10-27-22		Schedule G (Form 990) 2	022
2020		34		-

art IV Supplemental Inform	nation (continued)		Pag
edule G (Form 990) art IV Supplemental Inform	(continued)		
		Schedule G	(Г а ина

Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line		Compensation Information				OMB No. 1545-0047		
		For certain Officers, Directors, Trustees, Key Employees, and Highest		2022				
		23.		Open to Public				
	rtment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		IC .		
	ne of the organization		Employer ide	ntificati	on nui	mber		
		CHICAGO PUBLIC MEDIA, INC.	36-368	7394				
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
_		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
•								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation or compensat						
	X Form 990 of o	ther organizations	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-			4a		x		
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?		4b		x		
c	-	eive payment from an equity-based compensation arrangement?		4c		x		
•	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re							
а	-			5a		x		
		ation?		5b		X		
		r 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?		6b		x		
		or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$					
		nes 5 and 6? If "Yes," describe in Part III		7	х			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?	<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)) 2022		

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36-3687394

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW MOOG	(i)	449,193.	149,592.	0.	12,200.	22,325.	633,310.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RINA DEDHIA	(i)	293,331.	33,250.	0.	12,200.	23,170.	361,951.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LUCY KIM	(i)	298,562.	25,000.	0.	0.	20,710.	344,272.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CYNTHIA PHOTOS ABBOTT	(i)	237,505.	33,250.	0.	10,570.	16,207.	297,532.	0.
VP, GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACY BROWN	(i)	245,575.	33,250.	0.	10,526.	7,508.	296,859.	0.
CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VALERIE TONEY PARKER (TO 11/22)) (i)	214,084.	25,000.	0.	6,167.	8,043.	253,294.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN WRIGHT	(i)	200,876.	25,300.	0.	9,059.	15,262.	250,497.	0.
VP OF TECHNOLOGY AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CELESTE LECOMPTE	(i)	211,475.	10,000.	0.	0.	13,745.	235,220.	0.
CHIEF AUDIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEBRA CHAMRA	(i)	185,274.	15,000.	0.	8,262.	15,220.	223,756.	0.
VP OF ACCOUNTING	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ELIZABETH BERGER	(i)	161,496.	15,000.	0.	7,252.	22,205.	205,953.	0.
VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEVIN DAWSON	(i)	167,182.	15,000.	0.	0.	18,372.	200,554.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMY WIELUNSKI	(i)	163,206.	14,000.	0.	7,198.	7,393.	191,797.	0.
VP OF MEMBERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NICHOLAS DEPREY	(i)	170,549.	0.	0.	0.	7,434.	177,983.	0.
VP OF PRODUCT	(ii)	0.	٥.	0.	٥.	0.	٥.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 7:

SOME OF THE EXECUTIVE BONUSES ARE CONTINGENT ON REACHING REVENUE AND NET

EARNINGS TARGETS. BONUSES ARE APPROVED WITH DISCRETION BY THE COMPENSATION

COMMITTEE OF THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2022

(Form 9 Departmen	SCHEDULE K (Form 990) Supplemental Information on Tax-Exempt Bonds Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										OMB No. 1545-0047 2022 Open to Public Inspection			
Name of	f the organization										identif		n num	ber
	CHICAGO PUBLI	,								36-36	587394	1		
Part I	Bond Issues	SEE PART VI FOR C	OLUMN (F) CONT	TINUATIONS			1							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descriptio	n of purpose	(g) De	efeased	(h) On			
												suer	finan	
			_						Yes	No	Yes	No	Yes	No
			150005550	10/01/05			FINANCE THE E	,						
A ILL	INOIS FINANCE AUTHORITY	86-1091967	45200BRJ9	10/01/05	22,0	00,000.	CONSTRUCTION,	RENOVATION		X		Х		X
_														
В														
<u>^</u>														
<u> </u>												├ ───┦		
D														
Part II	Proceeds						I			I	I			
				Α			В	С				D		
1 Ar	mount of bonds retired			^										
-	mount of bonds legally defeased													
	otal proceeds of issue				,000,000.									
5 Ca	apitalized interest from proceeds				,843,050.									
				7	,252,347.									
7 ls:	suance costs from proceeds				256,332.									
8 Cr	redit enhancement from proceeds				209,321.									
9 W	orking capital expenditures from procee	ds												
10 Ca	apital expenditures from proceeds			12	,438,950.									
<u>11</u> Ot	ther spent proceeds													
12 Ot	ther unspent proceeds													
13 Ye	ear of substantial completion				2005			I						
				Yes	No	Yes	No	Yes	No		Yes		No	
	/ere the bonds issued as part of a refund	•		. I										
	issued prior to 2018, a current refunding			Х								\rightarrow		
	/ere the bonds issued as part of a refund	•			х									
	sued prior to 2018, an advance refunding			37	Δ							+		
-	as the final allocation of proceeds been r		upport the	····· A								+		
	oes the organization maintain adequate nal allocation of proceeds?	DOOKS AND RECORDS TO SU	upport the	x										
				44										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 CHICAGO PUBLIC MEDIA, INC.

36-3	36	87	39	94
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Page **2**

Part III Private Business Use		•		в		c		
		A No.				Ĭ	-	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		A						
2 Are there any lease arrangements that may result in private business use of		77						
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								-
c Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		х						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
 9 Has the organization established written procedures to ensure that all 								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage				1		1		
		Δ		В		c		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						1
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
		X						1
				1				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	x							1
3 Is the bond issue a variable rate issue?	Δ							L

Schedule K (Form 990) 2022 CHICAGO PUBLIC MEDIA, INC.

		4		3		C	D	
\mathbf{a} Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC		-						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		X						
' Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		<u> </u>	I	3	(<u>, </u>	D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
	on Schedule	e K. See instru	uctions.					
Part VI Supplemental Information. Provide additional information for responses to questions								
CHEDULE K, PART I, BOND ISSUES:								
Part VI Supplemental Information. Provide additional information for responses to questions CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY F) DESCRIPTION OF PURPOSE:								
CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY								
CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY C) DESCRIPTION OF PURPOSE:								
CHEDULE K, PART I, BOND ISSUES: A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY C) DESCRIPTION OF PURPOSE:								

36-3687394

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection
Employer	identification number

36 - 3687394

ſ ∕

Name of the organization

CHICAGO PUBLIC MEDIA, INC.

Pa	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion amou	ints
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	26	192,666.	FAIR MARKET VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization		•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
					Г	Ye	s No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of th		ntribution, and whi	ch isn't required to be used	for		
-	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.				i	- V	
31	Does the organization have a gift acceptance po				ions?	31 X	
32a	Does the organization hire or use third parties of		-			00- V	
L	contributions?					32a X	
	If "Yes," describe in Part II.	lump (a) f-	a tuna of areas	for which column (a) is the	lkod		
33	If the organization didn't report an amount in co	iumn (C) tõi	a type of property	r ior which column (a) is cheo	skeu,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 CHICAGO PUBLIC MEDIA, INC.

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

CHICAGO PUBLIC MEDIA WORKS WITH CHARITABLE ADULT RIDES AND SERVICES

(CARS) TO PROCESS CAR DONATIONS. DONORS SUBMIT THEIR VEHICLE

INFORMATION ONLINE AT WBEZ.CAREASY.ORG OR WBEZ.ORG/CARS AT WHICH POINT

CARS REACHES OUT TO DONORS TO OBTAIN INFORMATION TO CHANGE THE TITLE

NAME. CARS IS RESPONSIBLE FOR SELLING THE DONATED VEHICLES AND FILING

THE CORRESPONDING 1098-C FORMS. ONCE CASH PROCEEDS ARE COLLECTED FROM

SALES, CARS KEEPS A PERCENTAGE FOR PROCESSING FEES AND REMITS THE NET

AMOUNT TO CHICAGO PUBLIC MEDIA.

232142 09-09-22

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		LULL Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	1	Inspection
Name of the organizatio	n CHICAGO PUBLIC MEDIA, INC.		identification number 87394
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CONTENT THAT INFOR	MS, INSPIRES, ENRICHES AND ENTERTAINS. THROUGH A		
BROAD RANGE OF MED	IA PLATFORMS, WE CONNECT DIVERSE AUDIENCES IN OUR		
SERVICE AREA AND E	EYOND TO ONE ANOTHER. WE HELP THEM MAKE A DIFFERENCE		
IN OUR COMMUNITIES	, OUR REGION, AND OUR WORLD.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
ANOTHER. WE HELP I	HEM MAKE A DIFFERENCE IN OUR COMMUNITIES, OUR REGION,		
AND OUR WORLD.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE INDEPENDENT AC	COUNTANTS PRESENT THE RETURN TO THE FINANCE COMMITTEE, IN		
CONSULTATION WITH	THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL		
OFFICER, BEFORE IT	IS FILED WITH THE IRS. THE FINANCE COMMITTEE, THE		
CHIEF EXECUTIVE OF	FICER AND THE CHIEF FINANCIAL OFFICER REVIEW THE RETURN.		
AFTER THIS REVIEW,	BUT PRIOR TO FILING WITH THE IRS, THE FORM 990 WAS		
DISTRIBUTED TO ALL	BOARD MEMBERS.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE STATION REQUES	TS YEARLY UPDATES OF CONFLICT OF INTEREST STATEMENTS FROM		
EACH MEMBER OF THE	BOARD OF DIRECTORS AND SENIOR STAFF. AT EACH BOARD OF		
DIRECTORS AND COMM	ITTEE MEETING, AT THE TOP OF THE AGENDA IS A REQUEST FOR		
DIRECTORS TO DECLA	RE ANY CONFLICT OF INTEREST BASED ON ANY AGENDA ITEMS TO		
BE DISCUSSED AT TH	E MEETING.		
FORM 990, PART VI,	SECTION B, LINE 15:		
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Scheo	lule O (Form 990) 2022

44 2022.05000 CHICAGO PUBLIC MEDIA, INC 112608_1

Name of the organization CHICAGO PUBLIC MEDIA, INC. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, COMPRISED OF COMPENSATION OF THE CEO AND REVIEWED THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION OF THE	Employer identification number 36-3687394
NDEPENDENT DIRECTORS, REVIEWED AND APPROVED THE COMPENSATION OF THE CEO	
ND REVIEWED THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION OF THE	
SENIOR EXECUTIVES. THE PROCESS INCLUDED REVIEW OF A REPORT PREPARED BY AN	
NDEPENDENT CONSULTANT ANALYZING COMPENSATION DATA FROM COMPARABLE	
DRGANIZATIONS. THE ORGANIZATION HIRES AN INDEPENDENT COMPENSATION	
CONSULTANT TO PREPARE THE ABOVE MENTIONED REPORT ONCE EVERY TWO TO THREE	
TEARS. THE REPORT IS UPDATED ANNUALLY. THE DELIBERATIONS AND DECISIONS OF	
THE COMPENSATION COMMITTEE ARE DOCUMENTED IN THE COMPENSATION COMMITTEE'S	
MEETING MINUTES. THE COMPENSATION COMMITTEE MET IN AUGUST 2023 TO REVIEW	
CEO AND SENIOR EXECUTIVE COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
REQUESTS FOR DOCUMENTS RECEIVED BY THE PUBLIC ARE SUPPLIED FOR THE SAME	
PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D). IN ADDITION ON	
OUR WEBSITE, (WWW.WBEZ.ORG) POSTED IN THE ABOUT US SECTION, UNDER THE	
SUBHEADING, PUBLIC & FINANCIAL DOCUMENTS, WE HYPERLINK TO OUR AUDITED	
INANCIAL STATEMENTS, FORM 990, AND VARIOUS POLICIES, INCLUDING OUR OPEN	
EETINGS POLICY AND OPEN FINANCIAL RECORDS POLICY. THE ORGANIZATION'S	
OVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO	
THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT 551,899.	

232212 10-28-22

SCHEDULE	R
(= 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-3687394

Department of the Treasury Internal Revenue Service

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

Name of the organization

CHICAGO PUBLIC MEDIA, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CPR COMMUNICATIONS SERVICES, LLC -	-				
26-2192342, 848 E. GRAND AVENUE, NAVY PIER,					CHICAGO PUBLIC MEDIA,
CHICAGO, IL 60611	PROPERTY HOLDER	ILLINOIS	160,220.	1,940,937.	INC.
MEDIA CHICAGO, LLC	TO INVEST IN AND DEVELOP				
848 E. GRAND AVENUE, NAVY PIER	NEW MEDIA AND OTHER				CHICAGO PUBLIC MEDIA,
CHICAGO, IL 60611	PROPERTY	ILLINOIS	0.	٥.	INC.
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
CHICAGO SUN-TIMES MEDIA, INC 87-4304197	PROVIDING NEWS AND						
848 E GRAND AVENUE, NAVY PIER	INFORMATION TO EDUCATE AND				CHICAGO PUBLIC		
CHICAGO, IL 60611	INFORM THE PUBLIC	DELAWARE	501(C)(3)	LINE 7	MEDIA INC.	Х	
	-						
	-						

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

Schedule R (Form 990) 2022

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

(b)	(c)	(d)	(e)	(f)	(g)	(1	ר)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets			amount in box 20 of Schedule	partner	or Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
DEVELOP AND										
PROMOTE AUDIO										
PLATFORMS	DE		RELATED	33,626.	0.		x	N/A	x	30.86%
-										
-										
-										
-										
1										
1										
	(b) Primary activity DEVELOP AND PROMOTE AUDIO	(b) (c) Primary activity Legal domicile (state or foreign country) DEVELOP AND PROMOTE AUDIO	(b) (c) (d) Primary activity Legal domicile (state or foreign country) Direct controlling entity DEVELOP AND PROMOTE AUDIO Image: Control of the control of	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) DEVELOP AND PROMOTE AUDIO Provide and a section of the section of	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income DEVELOP AND PROMOTE AUDIO AND Image: Control of the section	(b) (c) (d) (e) (f) (g) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets DEVELOP AND PROMOTE AUDIO Image: Comparison of the total of the total of tota	(b) (c) (d) (e) (f) (g) (l) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Jisprop alloca DEVELOP AND PROMOTE AUDIO Image: Comparison of total sections 512-514 Image: Comparison of total income Imag	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Disproportionate allocations? DEVELOP AND PROMOTE AUDIO Image: Control of the section of total section of the section of total end-of-year section of the section of total income Image: Control of the section of total income Image: Control of total income Image: Conton income Image: Control of tot	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of total income Disproportionate allocations? Code V-UBI amount in box 20 of Schedule DEVELOP AND PROMOTE AUDIO Version Ver	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of total income Disproportionate allocations? Code V-UBI amount in box 20 of Schedule General managin partner DEVELOP AND PROMOTE AUDIO AND Event of total country Image: Country of the total c

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country) Or trust)							No
									<u> </u>

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHICAGO SUN-TIMES MEDIA, INC.	0	2,934,486.	соят
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 CHICAGO PUBLIC MEDIA, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22