	artment of the Treasury		endar year 2018 or other tax year beginning JUL Go to www.irs.gov/Form99	1, 2018 OT for instruct	, an	e latest informati	on.	_ _	2018 Open to Public Inspection for
A [Check box if address changed		Name of organization (Check box i	if name change		· · · · · · · · · · · · · · · · · · ·	on is a 50 i(c)(5)	D Emplo (Emplo	501(c)(3) Organizations Only over identification number oyees' trust, see ctions)
		D. 1.	OPECON DUDI TO BROADCASMING					1	93-0814638
B t	Exempt under section	Print .	OREGON PUBLIC BROADCASTING	. D.O. have and					ated business activity code
	408(e) 220(e)	-Type	Number, street, and room or suite no. If a 7140 SW MACADAM AVENUE	P.U. DOX, See	nstructions.	•		(See in	nstructions)
	408A530(a) 529(a)		City or town, state or province, country, a PORTLAND, OR 97219	nd ZIP or foreig	gn postal co	de		51510	0
	ook value of all assets end of year		F Group exemption number (See instruct	ions.)					
	96,349,	974.	G Check organization type ► X 50	1(c) corporation	n 🔲	501(c) trust	401(a) trust	Other trust
H Er	nter the number of the c	rganızat	tion's unrelated trades or businesses. 🕨	4		Describe the	e only (or first) ur	related	
tra	ade or business here 🕨	RENT	AL OF BROADCASTING TOWER			. If only one, co	mplete Parts I-V.	If more	than one,
de	escribe the first in the bl	ank spa	ce at the end of the previous sentence, con	nplete Parts I a	nd II, comple	- ete a Schedule M	for each addition	al trade	or
bu	usiness, then complete F	arts III-	·V.				_		
1 D	uring the tax year, was t	he corp	oration a subsidiary in an affiliated group o	or a parent-subs	sidiary contr	olled group?	▶ [Yes	s X No
			ifying number of the parent corporation.						
	he books are in care of					Telephone	e number 🕨 5	03-244	4-9900
Pa	art I Unrelated	Trad	le or Business Income		(A)	Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales	;							
	Less returns and allow		c Balance	▶ 1c					
2	Cost of goods sold (So		A. line 7)	2		İ			1
3	Gross profit. Subtract			3			-		
4 a	Capital gain net incom			4a					
		-	art II, line 17) (attach Form 4797)	4b	Ì	1			
	Capital loss deduction								
5	•		hip or an S corporation (attach statement)	5					
6	Rent income (Schedule		,	6		132,494.	62	,167.	70,327.
7	Unrelated debt-finance		ne (Schedule E)	7					
8			nd rents from a controlled organization (Sci	hedule F) 8					
9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Scho	edule G) 9					
10	Exploited exempt activ			10					
11	Advertising income (Se	chedule	J)	11]			
12	Other income (See inst	ruction	s; attach schedule)	12					
13	Total. Combine lines	3 throug	gh 12	13		132,494.	62	,167.	70,327.
Pa			t Taken Elsewhere (See instruc						
	(Except for c	ontribu	tions, deductions must be directly on	npected with	the unrelat	ed business in	come)		
14	Compensation of office	ers, dır	ectors, and trustees (Schedule K)	PLIVE	ן ע			14	
15	Salaries and wages		181		18			15	
16	Repairs and maintena	nce	MAI MAI	R 0 2 2021				16	
17	Bad debts		"		EHS:			17	
18	Interest (attach sched	ule) (se	e instructions)	FNI II	71			18	
19	Taxes and licenses			Th Th				19	11,249.
20	Charitable contribution	ns (See	instructions for limitation rules)					20	
21	Depreciation (attach F	orm 45	62)			21			
22	Less depreciation clai	med on	Schedule A and elsewhere on return			22a		22b	
23	Depletion							_23	
24	Contributions to defer		npensation plans					24	
25	Employee benefit pro							25	
26	Excess exempt expen	•	•					26	
27	Excess readership cos						_	27	
28	Other deductions (atta				SEI	E STATEMENT		28	806.
29	Total deductions. Ad						28	29	12,055.
30			come before net operating loss deduction.					30	58,272.
31		_	oss arising in tax years beginning on or afte	er January 1, 2	018 (see ins	tructions)	-21	31	
32	Unrelated business ta	xable <u>in</u>	come. Subtract line 31 from line 30				31	32	58,272. Form 990-T (2018)
		_	work Reduction Act Notice, see instruction						

FORM 990-1 (93-081	4030	rage Z
Part III	Total Unrelated Business	Taxable Income				
33	Total of unrelated business taxable income	computed from all unrelated trades or	businesses (see instruction	s)	33	265,566.
34	Amounts paid for disallowed fringes				34	
35 [Deduction for net operating loss arising in	tax years beginning before January 1,	2018 (see instructions)		35	
	otal of unrelated business taxable income					
1	ines 33 and 34			2.2	36	265,566.
37 9	Specific deduction (Generally \$1,000, but	see line 37 instructions for exceptions)		<i>H</i>	37	1,000.
	Inrelated business taxable income. Sub		reater than line 36.	20		
	enter the smaller of zero or line 36			31	38	264,566.
Part IV					' 1 ' '	
	Organizations Taxable as Corporations.	Vultiply line 38 by 21% (0.21)		110	39	55,559.
	rusts Taxable at Trust Rates. See instruc		on the amount on line 38 fro	m. 70 -	7	
Γ		ile D (Form 1041)			40	
41 F	Proxy tax. See instructions	10 D (101111 10+1)			41	· · ·
	Alternative minimum tax (trusts only)				42	
	ax on Noncompliant Facility Income. Se	a instructions			43	
	otal. Add lines 41, 42, and 43 to line 39 o			Un	44	55,559.
Part V	Tax and Payments	40, Willeliever applies		\	1 77	
	oreign tax credit (corporations attach Fori	m 1119: tructo' attach Form 1116)	450		ТТ-	
	Other credits (see instructions)	ii 1116, trusts attach Furiii 1116)	45a			
	omer credits (see instructions) General business credit, Attach Form 3800		45b		-	
			45c	· · · · · · · · · · · · · · · · · · ·	-	
	Credit for prior year minimum tax (attach F	orm 8601 or 8627)	45d			
	otal credits. Add lines 45a through 45d				45e	55,559.
	Subtract line 45e from line 44	C 0044			46	
	Other taxes. Check if from: Form 425		Form 8866 Ot	18r (attach schedule)		55,559.
	otal tax. Add lines 46 and 47 (see instruc				48	
	018 net 965 tax liability paid from Form 9		· -/\-	42 071	49	0.
	ayments: A 2017 overpayment credited to	3 2018	50a 50a	43,071	-	
	018 estimated tax payments		5/2 500	26,000		
	ax deposited with Form 8868		5/C 50c	10,000	'-	
	oreign organizations: Tax paid or withheld	at source (see instructions)	500		_	
	ackup withholding (see instructions)		5/C 50e	1,726	-	
	redit for small employer health insurance		50f		-	
g C	other credits, adjustments, and payments:		<u> </u>			
	Form 4136	Other	Total ► 50g			
	otal payments. Add lines 50a through 50		7		51	80,797.
	stimated tax penalty (see instructions). Ch		J		52	
	ax due. If line 51 is less than the total of I				58	
	verpayment. If line 51 is larger than the t			_ ეუ >	54	25,238.
· = = = = = = = = = = = = = = = = = = =	nter the amount of line 54 you want: Cred		25,238.	Refunded >	- 55	0.
Part VI	Statements Regarding Ce	rtain Activities and Other	Intormation (see ins	tructions)		
	t any time during the 2018 calendar year,					Yes No
	ver a financial account (bank, securities, c					
F	inCEN Form 114, Report of Foreign Bank a	ınd Fınancıal Accounts. If "Yes," enter t	he name of the foreign coun	try		
	ere 🕨					_
	uring the tax year, did the organization re	,	grantor of, or transferor to, a	foreign trust?		X
	"Yes," see instructions for other forms the					
58 E	nter the amount of tax-exempt interest rec					
Cian	Under penalties of perjury, I declare that I have correct, and complete Declaration of preparer (examined this return, including accompanying other than taxpayer) is based on all information	schedules and statements, and to of which preparer has any knowl	the best of my know edge	ledge and belief, i	is true,
Sign	Corners In lands	10/11/22	, ,	Ī	May the IRS discu	ss this return with
Here	forme of		CFO		the preparer show	n below (see
	Signature of officer	Date	itle	L	instructions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employe	d	
Prepare	er WENDY CAMPOS	WENDY CAMPOS	01/31/20		P0044	3102
Use On		'b		Firm's EIN	91-0	189318
	805 SW BRG	DADWAY STE 1200				
	Firm's address PORTLAND,	OR 97205		Phone no.	503-242-14	
823711 01-09	<u></u>				For	m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	valuation N/A	-				
1 Inventory at beginning of year	1		\neg	Inventory at end of yea	ar		6		
2 Purchases	2		_	Cost of goods sold. S		line 6			
3 Cost of labor	3			from line 5. Enter here			_		
4a Additional section 263A costs				line 2		•	7	Ì	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty		
Description of property									
(1) ANTENNA TOWER RENTAL									
(2)									
(3)		·-		,					
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) at SEE STATEMEN	nd 2(b) (ited with the income in attach schedule)	1
(1)				132,	494.			62,	167.
(2)									
(3)								•	
(4)				•••					
Total	0.	Total		132,	494.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			494.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	62,	167.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)	,				
			2	. Gross income from or allocable to debt-	<u> </u>	3. Deductions directly con to debt-finance		erty	
1. Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)		, , , , , , , ,		%					
(4)				%					
			-			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				•]	0	.		0.
Total dividends-received deductions in	ncluded in column	18					- [0.

Form 990-T (2018)

			Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	ıdent	mployer ification imber	3. Net unr (loss) (see	related income e instructions)	4 . Tot payr	al of specified ments made	include	of column 4 t d in the contr tion's gross i	olling	6. Deductions directly connected with income in column 5
(1)				•						
(2)										·
(3)	,									
(4)										
Nonexempt Controlled Organi	zations					·	•			
7. Taxable Income	8 Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that i ng organi s income	s included zation's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		i, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
^{Totals} Schedule G - Investme	nt Incomo of a	Section	501/a)/7	() (Q) or (anization		0.		
schedule G - Investme) (see insti		Section	JU 1 (C)(7	,, (a), Or (ir, org	jai iiZaliVII				
1. Desc	ription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)							İ			
(2)										
(3)										
(4)								-		
				Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
Cotals			>		0.					C
Schedule I - Exploited (see instru		/ Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction related s income	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Explattributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		 			Í					
(2)										
(3)		1								
(4)		1								
V.	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)		1		I.			Enter here and on page 1, Part II, line 26
otals <u></u>	0.	<u> </u>	0.							0
Schedule J - Advertisi Part I Income From I		instruction orted or	•	solidated	Basis			· · · · · · · · · · · · · · · · · · ·		
	2. Gross		0 -	4. Advert	sing gain	F		· .		7. Excess readership
1. Name of periodical	advertising income		3. Direct extising costs	or (loss) (co col 3) If a ga cols 5 th	in, compute	5. Circulat income	ІОЛ	6. Reade		costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				_						
(3)				_						
(4)						<u> </u>				
Totals (carry to Part II, line (5))	•	0.	0							(
										Form 990-T (20)

0.11.		
Pärt II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis.)	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)			· ·			
(4)						
Totals from Part I	0.	0.	***	<u>-</u> .	n	. 0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		.%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER	DEDUCTIONS		STATEMENT	י1
DESCRIPTION				TUOMA	
PROFESSIONAL FEES			-	-	806
TOTAL TO FORM 990-	-T, PAGE 1, LINE 28	•	- -		806
FORM 990-T I	DEDUCTIONS CONNECTED	WITH RENTAL	INCOME	STATEMENT	2
FORM 990-T DESCRIPTION	DEDUCTIONS CONNECTED	WITH RENTAL ACTIVITY NUMBER	INCOME	STATEMENT	2
		ACTIVITY	AMOUNT 49,563. 12,604.		2
DESCRIPTION SALARIES AND WAGES		ACTIVITY NUMBER	AMOUNT 49,563.	TOTAL	2

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

____, and ending <u>JUN</u> 30, 2019

ENTITY

Employer identification number

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

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

For calendar year 2018 or other tax year beginning $\underline{\quad JUL \ 1, \ 2018}$

501(c)(3) Organizations Only

	OREGON PUBLIC BROADCASTING		•	93-0814638	
$\overline{}$	Inrelated business activity code (see instructions) 531120				
	•	OF B	ROADCASTING EQUIPM	ENT WITH SERVICES	
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	, 1c			
2	Cost of goods sold (Schedule A, line 7)	2			·
з.	Gross profit. Subtract line 2 from line 1c	3		-	
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		-	
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6	780.	455.	325.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				•
	organization (Schedule F)	8			· -
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10		·	
11	Advertising income (Schedule J)	11			<u>.</u>
12	Other income (See instructions, attach schedule)	12			
<u>13</u>	Total. Combine lines 3 through 12	13	780.	455.	325.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the connected with the undertaken between the undertaken between				or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance .			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	66.
20	Charitable contributions (See instructions for limitation rules)		1 1	20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24				24	
25	Contributions to deferred compensation plans				
26	Contributions to deferred compensation plans Employee benefit programs			25	
	Employee benefit programs Excess exempt expenses (Schedule I)				
27	Employee benefit programs			25 26 27	
	Employee benefit programs Excess exempt expenses (Schedule I)		SEE STATEMEN	25 26 27	5.
27	Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)		SEE STATEMEN	25 26 27	71.
27 28	Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deductions.		Subtract line 29 from line	25 26 27 T 3 28 29	
27 28 29	Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28		Subtract line 29 from line	25 26 27 T 3 28 29	71.
27 28 29 30	Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deductions.		Subtract line 29 from line	25 26 27 13 28 29 13 30	71. 254.
27 28 29 30	Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction for net operating loss arising in tax years beginning on or		Subtract line 29 from line	25 26 27 T 3 28 29 13 30 31 31	71.

Forr	n 990-T (2018)						Page 3
	OREGON PUBLIC				0814638		
Sc	hedule A - Cost of Goods	Sold. Enter meth	od of inventory va	luation >			
1	Inventory at beginning of year	1	6	Inventory at end of year	6		
2	Purchases	2	7	Cost of goods sold. Subtract line 6			
3	Cost of labor	3		from line 5. Enter here and in Part I,			
4 a	Additional section 263A costs		1	line 2	7		
	(attach schedule)	4a	8	Do the rules of section 263A (with respect to		Yes	No
b	Other costs (attach schedule)	4b		property produced or acquired for resale) apply	to	·	
5	Total. Add lines 1 through 4b	5		the organization?			<u> </u>

t involvery at boginning or you.	-							
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6	[]		
3 Cost of labor	3		from line 5. Enter he	re and in	Part I,			
4a Additional section 263A costs			line 2			7		_
(attach schedule)	4a		8 Do the rules of secti	on 263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced o	r acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	d With Real Prop	erty)		
(see instructions)								
Description of property								
(1) STUDIO RENTAL				_				
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more	rcentage of	(b) From real a	and personal property (if the percer personal property exceeds 50% or	ntage	3(a) Deductions directly columns 2(a) a	/ connected with the nd 2(b) (attach sche	income in dule)	1
10% but not more than 50%			nt is based on profit or income)		SEE STATEMEN	NT 5		
(1)	0.			780.				455.
(2)								
(3)								
(4)			,					
Total	0.	Total		780.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.			
here and on page 1, Part I, line 6, colum		>		780.	Enter here and on page 1, Part I, line 6, column (B)	>		455.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
					3. Deductions directly conto debt-finant		able	
			Gross income from or allocable to debt-	(2)	Straight line depreciation		deduction	
1. Description of debt-fi	nanced property		financed property	'"	(attach schedule)	(attach	schedule)	1.5
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition	5. Average	adjusted basis	6. Column 4 divided		7. Gross income		ble deducti	
debt on or allocable to debt-financed property (attach schedule)	debt-fina	illocable to nced property	by column 5		reportable (column 2 x column 6)	(column 6 x 3(a)	total of col and 3(b))	lumns
	(attaci	n schedule)						_
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					Inter here and on page 1,	Enter here a		
				'	Part I, line 7, column (A)	Part I, line	7, column ((B)
Totals			1	▶ │		1		

Form 990-T (2018)

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER	DEDUCTIONS			STATEMENT	3
DESCRIPTION					AMOUNT	
PROFESSIONAL FEES				-		į
TOTAL TO SCHEDULE M, PART	II, LINE 28	-		-		5
					-	
FORM 990-T (M) DEDUCTION	S CONNECTED	WITH RENTAL	INCOME		STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	,	TOTAL	
SALARIES AND WAGES OTHER EXPENSES	- SUBTOTAI			414. 41.		455
TOTAL TO FORM 990-T, SCHED	ULE C, COLUI	1 N 3				45

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

OMB No 1545-0687

ENTITY

Department of the Treasury

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

Interna	Revenue Service (99) Do not enter SSN numbers on this form as it	may b	e made public if your organiz	ation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization OREGON PUBLIC BROADCASTING			Employer identifica 93-0814638	
$\overline{}$	Inrelated business activity code (see instructions) 515100				
	· · · · · · · · · · · · · · · · · · ·	LLC	PASSTHROUGH INCOME		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 227,763.				
	Less returns and allowances c Balance	1c	227,763.	•	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	227,763.	-	227,763.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach			-	
	statement)	_5		~	
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7		·	<u> </u>
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	_8_			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9_			
10	Exploited exempt activity income (Schedule I)	10	<u> </u>		
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	227,763.		227,763.
Par	til Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unit of the connected with the unit of the connected with the				for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	10 227
19	Taxes and licenses			19	19,337.
20	Charitable contributions (See instructions for limitation rules)		1.1	_20_	-
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	<u> </u>
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)		SEE STATEMENT	4 27	1,386.
28	Other deductions (attach schedule)		SEE STATEMENT		20,723.
29	Total deductions. Add lines 14 through 28	at.a '	Pulhtroot line 00 from line 4	29	207,040.
30	Unrelated business taxable income before net operating loss deduction for net operating loss aways in the vices hospitals and			3 30	207,040.
31	Deduction for net operating loss arising in tax years beginning on o	n aner	January 1, 2018 (See		
20	Instructions)			31	207,040.
<u>32</u>	Unrelated business taxable income. Subtract line 31 from line 30				1 207,000

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

OT.	7	-	-	-	

Form 990-T (2018)									Page 3
OREGON PUBLIC						93-0814	538		
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		_ 6	Inventory at end of yea	r		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6					1	
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4 a Additional section 263A costs				line 2	7				
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property									
(1)									
(2)									
(3)				_					
(4)									
	2. Rent receiv	ed or accrued		-					-
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	зе	3(a) Deductions directly columns 2(a) ar	connected (b)	cted with the income in (attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	•		0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		·			,
			2	Gross income from		Deductions directly control to debt-finance		perty	
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			1			· · · · · · · · · · · · · · · · · · ·			
(2)			†						
(3)			1				T	···	
(4)			1						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	ons lumns
(1)			1	%					
(2)			İ	%					
(3)			İ	%					
(4)			1	%					
			1.			inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag- Part I, line 7, column (
Totals				▶		0			٥.
Total dividends-received deductions in	ncluded in column	ı 8		~ 1		b	-		0.
		· -			_			Form 990-T	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION.		AMOUNT
PROFESSIONAL FEES		1,386.
TOTAL TO SCHEDULE M, PART II, I	LINE 28	1,386.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning ULL 1, 2018 .and ending UN 30, 2019

ending JUN 30, 2019

Employer identification number

Department of the Treasury Internal Revenue Service (99) Name of the organization ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2018

OMB No 1545-0687

ENTITY

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

	OREGON PUBLIC BROADCASTING	93-0814638			
·	Inrelated business activity code (see instructions) > 541800				
0	Describe the unrelated trade or business WEB ADVERTISING	1G			·
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			··· <u>··</u>
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			<u></u>
9	Investment income of a section 501(c)(7), (9), or (17)	_			
	organization (Schedule G)	9	150 726	50 (10	100 104
10	Exploited exempt activity income (Schedule I)	10	152,736.	50,612.	102,124.
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	150 505	TO (10	100 104
13	Total. Combine lines 3 through 12	13_	152,736.	50,612.	102,124.
Pai	t II Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the connected with the understanding the connected with the understanding the connected with the understanding the connected with the understanding the connected with the understanding the connected with the understanding the connected with the connected with the understanding the connected with th				r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salanes and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		1 1	20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	·
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	102,124.
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	102,124.
30	Unrelated business taxable income before net operating loss deduce	tion S	Subtract line 29 from line 1	3 30	0.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see	<u> </u>	
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedule	M (Form 990-T) 2018

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7	J	_	v	u	Д,	-2	v	J	u	

		Exe	mpt Controlled O	rganizatio	ons					
1. Name of controlled organizat	identil		Net unrelated income (SS) (see instructions)					olling	6. Deductions directly connected with income in column 5	
(1)						 		<u> </u>		
(2)				· · · · · · · · · · · · · · · · · · ·		1				
(3)						 				
(4) Nonexempt Controlled Organi	l			<u> </u>						
<u> </u>	1		7.1.4	. 1	40 5 4 4 4	0.11		44 5 .		
7. Taxable Income	8 Net unrelated incor (see instruction		Total of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tna ing orgar s income	nization's		uctions directly connected ncome in column 10	
(1)		1 .								
(2)										
(3)						•				
(4)				1						
Totals				•	Add colun Enter here and line 8, 6		1, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Schedule G - Investme		Section 501	(c)(7), (9), or (17) Org	anization		•			
1. Desc	ription of income		2. Amount of	income	3. Deduction directly connected (attach scheen	ected	4. Set-a	sides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)		<u>-</u>								
(4)										
			Enter here and o Part I, line 9, co			_	* -		Enter here and on page Part I, line 9, column (8)	
Totals			•							
Schedule I - Exploited I (see instru	-	Income, Ot	her Than Adv	ertisin	g Income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connecte with productior of unrelated business incom	minus columi	trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum STMT 7	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) WEB ADVERTISING	152,736.	50,6	12. 10:	2,124.		0.	10	02,124.	102,124	
(2)					*****					
(3)		•							 	
(4)		· · · · · · · · · · · · · · · · · · ·	-						<u> </u>	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and o page 1, Part I, line 10, col (B)		<u> </u>				-	Enter here and on page 1, Part II, line 26	
Totals •	152,736.	50,6	12.						102,124	
Schedule J - Advertisir Part I Income From F			Consolidated	Basis		=		-		
1. Name of periodical	2 Gross advertising income	3. Directions		ol 2 minus ain, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2) (3)			-	-					<u>-</u>	
(3)				-						
(4)			 -		 				<u> </u>	

FORM 990-T (M) SCHEDULE I - EXPENSES PRODUCTION OF UNRELA			STATEMENT 6
· DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UNDERWRITING EXPENSES - SUBTOTAL	_ 1	50,612.	50,612.
TOTAL OF FORM 990-T, SCHEDULE I, COLUM	N 3		50,612.

FORM 990-T (M) SCHEDULE I - EXPENSES N WITH PRODUCTION OF UNRE			STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER WEB EXPENSES - EXPLOITED ACTIVITY RULES - SUBTOTAL -	1	102,124,	102,124.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	6		102,124.