Form **8879-TE** 

## IRS E-file Signature Authorization for a Tax Exempt E

:ntitv	OND 140. 1040 0047

OMB No. 15/15-00/17

For calendar year 2023, or fiscal year beginning ...... ....., 2023, and ending ...., 20 ..... Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer \*\*-\*\*\*4979 COOK COUNTY COMMUNITY RADIO Name and title of officer or person subject to tax MARY SOMNIS PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1,000,059 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here ..... b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here ..... 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) ...... 8b 9a Form 5330 check here ..... 10a Form 8038-CP check here ... Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only LICARI LARSEN AND COMPANY I authorize \_ to enter my PIN as my signature Enter five numbers, but FRO firm name do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 05/15/24

#### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

STEVEN S. LICARI, CPA

05/15/24

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

ERO's signature

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 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2023 c	alendar year, or tax year beginning , and e	nding				•
В	Check if a	pplicable:	C Name of organization				D Employer	identification number
	Address cl	hange	COOK COUNTY COMMUNITY R	ADIO				
	Name cha	nne	Doing business as					**4979
믁		ŭ	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite	E Telephone	
ᆜ	Initial retur		PO BOX 1005				Z10	387-1070
	Final return terminated		City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return	GRAND MARAIS MN 55604				<b>G</b> Gross rece	eipts \$ 1,000,059
			F Name and address of principal officer:			H(a) Is this a gro	oup return for s	ubordinates? Yes X No
	Application	pending	MARY SOMNIS			•		H., H.,
			P.O. BOX 759			H(b) Are all sub		
			GRAND MARAIS MN 55605	5		If "No,"	attach a list.	See instructions
ı	Tax-exem	npt status:	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(	1) or 527				
J	Website:	W	WW.WTIP.ORG			H(c) Group exer		<u> </u>
K	Form of o	organization:	Corporation Trust X Association Other		L Yea	ar of formation: $1$	998	M State of legal domicile: MN
F	Part I	Su	ımmary					
	1 E	Briefly de	scribe the organization's mission or most significant activities:					
Ģ			IC SERVICE COMMUNITY RADIO STATION.					
anc	'							
Governance								
Š	2 0	Check th	is box if the organization discontinued its operations or dispos	sed of more that	an 25% d	of its net asset	S.	
ග න	3 1		of voting members of the governing body (Part VI, line 1a)					7
	4 1	Number o	of independent voting members of the governing body (Part VI, lir	ne 1b)			4	7
itie	5 T	Total nun	nber of individuals employed in calendar year 2023 (Part V, line 2	a)			. 5	14
Activities			about of columns on (actionate if accessors)					0
⋖			elated business revenue from Part VIII, column (C), line 12				⊢	0
	'a'	det unrel	ated business taxable income from Form 990-T, Part I, line 11				7u	0
	, D.	tot dilio	ated business taxable income north offit 550 1, 1 art 1, line 11			Prior Yea		Current Year
-	8 0	Contributi	ons and grants (Part VIII, line 1h)			800	765	963,253
Revenue	9 F		service revenue (Part VIII, line 2g)			0		
эvе	10 li	-	at income (Dort VIII column (A) lines 2 4 and 7d)				906	3,769
ď	11 (		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			39	7,114	33,037
			enue – add lines 8 through 11 (must equal Part VIII, column (A), I			840	785	1,000,059
			ad aireilan areasunta maid (Dart IV, adurem (A), linea 4, 2)	,			621	46,676
			acid to ar far mambara (Dart IV actume (A) line A)					0
"	15 0		other compensation, employee benefits (Part IX, column (A), line			510	,061	504,111
se	16a F		nal fundraising face (Part IV, column (A), line 11a)					0
Expenses	b T		draising expenses (Part IX, column (D), line 25)	69,647				
Ж	17 (		(Dow IV (A) lines 44- 44- 44- 04-)		·····	356	5,184	351,154
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				,866	901,941
			less expenses. Subtract line 18 from line 12		·····		5,081	98,118
or	g .	10.101100				Beginning of Cur		End of Year
Net Assets or	<b>20</b> T	Total ass	ets (Part X, line 16)			945	5,161	1,068,178
ASS	<b>21</b> T	Total liab	ilities (Part X, line 26)			Ţ	5,772	30,671
E-E-E	22 N	Net asse	ts or fund balances. Subtract line 21 from line 20			939	389	1,037,507
F	Part II	Sig	gnature Block					
U	Jnder pen	nalties of	perjury, I declare that I have examined this return, including accompanying	g schedules and	statement	s, and to the be	st of my kn	owledge and belief, it is
tr	ue, corre	ct, and c	omplete. Declaration of preparer (other than officer) is based on all inform	ation of which pr	reparer ha	s any knowledg	e.	
Sig	gn	Signature	of officer				Date	
	ere	MAR	Y SOMNIS	PRESIDE	NT			
-			rint name and title					
		Print/Type	preparer's name Preparer's signature			Date	Check	if PTIN
Pai	id	STEVEN	S. LICARI, CPA STEVEN S. LICARI,	, CPA		05/13/	/24 self-emp	ш   bloyed   ******
Pre	eparer	Firm's na	TICART TARCENT AND COMPANY			<u> </u>	irm's EIN	**-***6729
	e Only	i iiiii s iid	130 W SUPERIOR ST STE 712				IIII EIIV	<u> </u>
		Eirm's a	DITTIMIT MAI EEOOO				hono no	218-722-2226
Ma	v tho ID	Firm's ad	es this return with the preparer shown above? See instructions				hone no.	Y Vos No

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<b>.</b>
	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)			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." complete Schodule D. Port I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schodule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3,5	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		<b>.</b>
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	146		
	for any family appropriation of the first the control of the control of the first the control of the first the control of the control of the control of the first the control of the contr	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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		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			1.		37
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
7	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	anda				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g			7a		
h	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
C	: I. (II. E	3		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	not2		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:					
а		11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		٠		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l .	?	12a		
b		12b		+		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
D	the organization is licensed to issue qualified health plans	13h				
С	Fatou the assessment of second on heard	13c		1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			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 instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

\*\*-\*\*\*4979 Form 990 (2023) COOK COUNTY COMMUNITY RADIO Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 7 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 3 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed **NONE** 17

organization's exempt status with respect to such arrangements?

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
  - (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records.

MATTHEW BROWN GRAND MARAIS

PO BOX 1005

MN 55604

218-387-1070

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 org		•				ation c	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	Pos check ess pe	rson i	than or is both in the state of	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MATTHEW BROWN EXECUTIVE DIRECTOR	40.00			x				59,224	0	5,000
(2) CLAY AHRENS				† <del></del>				33,221		2,000
BOARD	1.00	x						0	0	0
(3) LESLIE ANDERSON										
GEODEMA DV	1.00			v					_	
SECRETARY  (4) MOLLY HICKEN	0.00	X		X				0	0	0
(4) 1101111 111011111	1.00									
VICE PRESIDENT	0.00	X		х				0	0	0
(5) CARLY PUCH										
BOARD	1.00	x						o	0	C
(6) MIKE REEVES	0.00	^						0	<u> </u>	
(0,	1.00									
TREASURER	0.00	X		х				0	0	0
(7) MARY SOMNIS										
DDECTDENT	1.00	x		x				o	0	O
PRESIDENT (8) DAVID TERSTEEG	0.00	┼^		^				0	U	0
BOARD	1.00	x						0	0	0
(9)										
(10)										
(11)										
		.								

(A) Name and title		(B) Average hours per week	bo	x, unl	Pos check ess pe ind a d	more rson i	is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from th ganizatio	he	i	
(12)															
(13)															
(14)															
(15)															
(16)															
(17)															
(18)															
(19)															
1b	Subtotal								59,224				5,0	00	
2 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not l	imite						59,224 e) who received more than	\$100,000 of			5,0	000	
	reportable compensation from	the organization	<u> </u>										Yes	No	
3	Did the organization list any for employee on line 1a? If "Yes,"								-			3		х	
4	For any individual listed on lin	e 1a, is the sum	of re	epor	table	con	npen	satio	on and other compensation						
	organization and related organ											4		x	
5	individual  Did any person listed on line	1a receive or acc	crue	com	pens	ation	n fror	m ar	ny unrelated organization o	r individual					
Soct	for services rendered to the o ion B. Independent Contracto		es,"	con	plete	Sci	hedu	le J	for such person			5		X	
1	Complete this table for your fi		ensa	ited	inder	end	lent o	contr	ractors that received more	than \$100,000 of					
	compensation from the organi		ompe	ensa	tion f	or th	ne ca	lenc			ear.		(C)		
	Name and	(A) I business address							Descrip	(B) tion of services		Cor	mpensatio	on	
2	Total number of independent								se listed above) who						
DAA	received more than \$100,000	or compensation	101	11 1/1	e uig	jai 112	.auur	<u> </u>		0		Forr	n <b>990</b>	(2023	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

3,769

WTIP 05/13/2024 6:37 AM \*\*-\*\*\*4979 Form 990 (2023) COOK COUNTY COMMUNITY RADIO Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) Revenue excluded from tax under (B) Related or exempt Unrelated function revenue husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 289,860 1b c Fundraising events ..... 1c **d** Related organizations ..... 1d e Government grants (contributions) 282,693 Contributions, and Other Simi **f** All other contributions, gifts, grants, 390,700 1f and similar amounts not included above ...... Noncash contributions included in 25,926 1<u>g</u> lines 1a-1f h Total. Add lines 1a-1f. 963,253 Business Code Program Service Revenue f All other program service revenue .....

Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory **b** Less: cost or other basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ ..... of contributions reported on line

3,769

**b** Less: direct expenses ..... c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... 10a **b** Less: cost of goods sold ...... 10b

9b

1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events

activities. See Part IV, line 19 ......

c Net income or (loss) from sales of inventory

Total revenue. See instructions .

9a Gross income from gaming

g Total. Add lines 2a-2f.

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

Business Code 900099 33,037 33,037 MISCELLANEOUS INCOME 11a d All other revenue 33,037 Total. Add lines 11a-11d ...

1,000,059

33,037

3,769

0

Other Revenue

	990 (2023) COOK COUNTY COMM		**_**	4979	Page <b>10</b>
	int IX Statement of Functional Exp ion 501(c)(3) and 501(c)(4) organizations must co		nor arganizations must som	nlata aalumn (A)	
Secu	Check if Schedule O contains a respo			piete column (A).	
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепосо	general expenses	схропосо
•	and domestic governments. See Part IV, line 21	46,676	46,676		
2	Grants and other assistance to domestic	20,070	20,010		
_	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees and key ampleyees	59,224	36,719	9,476	13,029
6	Compensation not included above to disqualified	33,222	337725	2,2.0	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	362,975	225,044	58,372	79,559
8	Pension plan accruals and contributions (include			20,0.2	,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	49,284	30,556	7,920	10,808
10	Payroll taxes	32,628	20,229	5,244	7,155
11	Fees for services (nonemployees):	,	•	•	•
а	Management				
b	Legal	588		588	
С	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	71,388	45,462		25,926
13	Office expenses	12,222	12,222		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,699	16,699		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,806	31,806		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	66 640	66,640		
а	RADIO PROGRAMMING	66,640	66,640	4.4 000	
b	ADMINISTRATIVE EXPENSE	44,888		44,888	22 182
C	FUNDRAISING	33,170	04 075	0 1 5 5	33,170
d	BUILDING EXPENSES	33,032	24,875	8,157	
e	All other expenses	40,721	40,721	124 645	160 645
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	901,941	597,649	134,645	169,647
20	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)				

## Part X Balance Sheet

				<b>(A)</b> Beginning of year		(B) End of year
1	Cash—non-interest-bearing			410,533	1	565,356
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or former					
	trustee, key employee, creator or founder, substantial co	ontributor,	or 35%			
	controlled entity or family member of any of these person	ns			5	
6	Loans and other receivables from other disqualified personal					
	under section 4958(f)(1)), and persons described in sec				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other	T				
	basis. Complete Part VI of Schedule D	10a	1,068,402			
b	Less: accumulated depreciation		565,580	534,628	10c	502,822
11	Investments—publicly traded securities		-	•	11	•
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 3	3)		945,161	16	1,068,178
17	Accounts payable and accrued expenses			5,772	17	30,671
18	Grants payable		- ,	18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of	f Schedul	e D		21	
22	Loans and other payables to any current or former office					
	trustee, key employee, creator or founder, substantial or					
	controlled entity or family member of any of these person				22	
23					23	
24	Unsecured notes and loans payable to unrelated third p	arties			24	
25	Other liabilities (including federal income tax, payables t					
-"	parties, and other liabilities not included on lines 17-24).					
	of Schedule D	Complete	, rait x		25	
26	Total liabilities. Add lines 17 through 25			5,772	26	30,671
	Organizations that follow FASB ASC 958, check here			<b>0</b> ////		00,01
	and complete lines 27, 28, 32, and 33.					
27	Materials of the control of the cont			927,423	27	933,441
28	Nist seeds with december 12 there			11,966	28	104,066
	Organizations that do not follow FASB ASC 958, che		r			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipmen				30	
31	Retained earnings, endowment, accumulated income, o				31	
32	Total and popular on friend halonese			939,389	32	1,037,507
~ ا	Total liabilities and net assets/fund balances			945,161	33	1,068,178

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1			059
2	Total expenses (must equal Part IX, column (A), line 25)	2				941
3	Revenue less expenses. Subtract line 2 from line 1	3				118
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		93	39,:	389
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	, 03	37,5	<u> 507</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					_Ц
			_		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					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule 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?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Open to Public Inspection

COOK COUNTY COMMUNITY RADIO

Employer identification number \*\*-\*\*\*4979

1			•	e it is. (For lines 1 through 12, of cociation of churches described			•	
	Н					)(a)011 1	1)(A)(I).	
2	Н			A)(ii). (Attach Schedule E (Forn		VI-\/4\/ A\/	7:::N	
3	Н	•	·	ce organization described in se			•	9 - N
4	Ш		•	d in conjunction with a hospital	aescribea	in section	on 170(b)(1)(A)(III). Enter the	nospitars name,
_		city, and state						
5	Ш	•	·	of a college or university owned	or operat	ed by a g	overnmental unit described in	
_			(b)(1)(A)(iv). (Complete Part	•				
6	Н		-	povernmental unit described in s				
7		described in	section 170(b)(1)(A)(vi). (C	• /		ernmental	unit or from the general publi	С
8	Ц	•		<b>170(b)(1)(A)(vi).</b> (Complete Part	,			
9		-	_	cribed in <b>section 170(b)(1)(A)(</b> of agriculture (see instructions).				ege
10	X	An organizati	on that normally receives (1)	) more than 33 1/3% of its supp	oort from	contributio	ons, membership fees, and gro	oss
				pt functions, subject to certain	•			
			S .	nd unrelated business taxable ir 0, 1975. See <b>section 509(a)(2)</b>	,		•	
11	П		•	exclusively to test for public safe	•			
12	Н	•	•	exclusively for the benefit of, to	•			neae of
12	Ш	-		ions described in section 509(a	•			
				scribes the type of supporting of				
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	ipported o	organization(s), typically by giv	ing
		the suppo	orted organization(s) the pow	ver to regularly appoint or elect	a majority	of the di	rectors or trustees of the	
		supporting	g organization. You must c	omplete Part IV, Sections A a	nd B.			
	b			pervised or controlled in connec			• ,,,,	
				ting organization vested in the	same pers	sons that	control or manage the suppor	ted
		_ ĭ	•	Part IV, Sections A and C.				
	С			supporting organization operated structions). <b>You must complete</b>				vith,
	d		•	<b>I.</b> A supporting organization ope				• •
			• •	e organization generally must sa	-		·	ess
			,	nust complete Part IV, Section				
	е			eived a written determination fron n-functionally integrated suppor			s a Type II, Type III	
	f		mber of supported organizati					
	g			ne supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1-10	1 ,	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
<b>(0)</b>								
(C)								
(D)						1		
(ט)								
(E)								
ν-,								
Total								
		work Reductio	n Act Notice see the Instruct	ions for Form 990 or 990-F7				Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 2

Pa	art II Support Schedule for O								
	(Complete only if you ched						alify	under	
	Part III. If the organization	fails to qualify	under the test	s listed below,	please comple	te Part III.)			
	tion A. Public Support	1		_	_	<b>T</b>			
Caler	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
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								
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)								
6	Public support. Subtract line 5 from line 4								
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	$\neg \Gamma$	(f) Total	
7	Amounts from line 4	(4) 2010	(2) 2020	(6) 2021	(4) 2022	(3) 2020	$\dashv$	(1) 10101	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc.						2		
13	First 5 years. If the Form 990 is for the or	-		•	,	, , ,			
500	organization, check this box and stop here tion C. Computation of Public Su	e Porcon	tago						
				(f)\			<u>. T</u>	0/	
14	Public support percentage for 2023 (line 6						4	<u>%</u>	
15	Public support percentage from 2022 Sche					· · · · · · · · · · · · · · · · —	5	%	
16a									
L	box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
b								_	
170	this box and <b>stop here.</b> The organization							L	
178	10%-facts-and-circumstances test — 20	_							
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in								

b 10%-facts-and-circumstances test — 2022. 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

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) 2023

18

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		- 10010 11010 11	, p		/	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	625,583	706,084	879,941	800,765	963,253	3,975,626
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		71,392	25,655	39,114	33,037	169,198
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	625,583	777,476	905,596	839,879	996,290	4,144,824
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						4 144 004
Sec	tion B. Total Support						4,144,824
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	625,583	777,476	905,596	839,879	996,290	4,144,824
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	131	493	710	906	3,769	6,009
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		333	, , ,		3,100	2,002
С	Add lines 10a and 10b	131	493	710	906	3,769	6,009
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	625,714	777,969	906,306	840,785	1,000,059	4,150,833
14	First 5 years. If the Form 990 is for the o						1,200,000
	organization, check this box and stop her						
Sec	tion C. Computation of Public S	upport Percent	age				
15	Public support percentage for 2023 (line 8	, column (f), divided	by line 13, colum	nn (f))		15	99.86 %
<u>16</u>	Public support percentage from 2022 Scho						99.94%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2023 (I	line 10c, column (f),	divided by line 13	3, column (f))		17	%
	Investment income percentage from 2022						%
19a	33 1/3% support tests — 2023. If the org 17 is not more than 33 1/3%, check this b						x
b	<b>33 1/3% support tests — 2022.</b> If the org		=				
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	x and see instruction	ons	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	-		
	9a		
	9b		
	35		
	9с		
	10a		
	· va		
_	10b		990) 2023
Sche	edule A	(Form 9	990) 2023

\*\*-\*\*\*4979 COOK COUNTY COMMUNITY RADIO Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued) Yes No 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 11b **b** A family member of a person described on line 11a above? 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 Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 1 the supported organization(s). 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 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 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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а 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 instructions) Activities Test. Answer lines 2a and 2b below. Yes No 2 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. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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.

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, <sup>-</sup>	1970 (explain in Part VI). \$	See
instructions. All other Type III non-functionally integrated supporting organizations must	st comp	olete Sections A through E	
Section 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		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization	

Schedule A (Form 990) 2023

(see instructions).

	ule A (Form 990) 2023 COOK COUNTY COMMU.		**-**	*49	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	F (				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
u	LAUCSS HUITI ZUZZ				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DAA Schedule A (Form 990) 2023

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization

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

**Schedule of Contributors** 

Employer identification number \*\*-\*\*\*4979 COOK COUNTY COMMUNITY RADIO Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering lead of the contributor name and address), II, and III.
contributor, during the contributions totaled moduring the year for an eagler Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the total organization because it received nonexclusively religious, charitable, etc., contributions aduring the year.
Caution: An organization that i must answer "No" on Part IV, li	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ine 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 the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

COOK COUNTY COMMUNITY RADIO

Employer identification number \*\*-\*\*4979

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORPORATION OF PUBLIC BROADCASTING 401 NINTH STREET NW WASHINGTON DC 20004	\$ 167,674	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STATE OF MINNESOTA 50 SHERBURNE AVENUE ST. PAUL MN 55115	\$ 282,693	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	LLOYD K. JOHNSON FOUNDATION 130 W. SUPERIOR STREET, SUITE 710 DULUTH MN 55802	\$ 45,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  VISIT COOK COUNTY  116 W HWY 61  GRAND MARAIS MN 55604	Fotal contributions  \$ 14,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STORYCORPS 80 HANSON PLACE, 2ND FLOOR BROOKLYN NY 11217	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BLANDIN FOUNDATION 100 N POKEGAMA AVENUE  GRAND RAPIDS MN 55744	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

2023
Open to Public

Inspection

Name of the organization Employer identification number \*\*-\*\*\*4979 COOK COUNTY COMMUNITY RADIO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ....

Part	III Organizations Maintaining	Collections of	Art, Historica	l Treasures, o	r Other Simi	lar Assets	(continue	ed)
<b>3</b> L	Using the organization's acquisition, accession sollection items (check all that apply).	n, and other records	s, check any of th	e following that ma	ake significant us	e of its		
а	Public exhibition		Loan or exchange					
b	Scholarly research	e	Other					
С	Preservation for future generations							
	Provide a description of the organization's co	llections and explair	n how they further	the organization's	exempt purpose	in Part		
	(III.	a a sa	af and blackarian in					
	During the year, did the organization solicit o						□ vaa	
Part	ssets to be sold to raise funds rather than to IV Escrow and Custodial Arr		part of the organia	zation's collection?			. Yes	No
i ait	Complete if the organization	•	on Form 990	Part IV line 9	or reported :	an amount	on Form	
	990, Part X, line 21.	anoworoa roo	011 1 01111 000	, , , , , , , , , , , , , , , , , , , ,	, or roportou t	ari arriodin	011 1 01111	
1a	s the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ons or other assets	not			
	ncluded on Form 990, Part X?		•				Yes	No
b II	"Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.				· <u> </u>	
							Amount	
c E	Beginning balance					1c		
d A	Additions during the year					1d		
	Distributions during the year							
f E	Ending balance					1f		П.
	Did the organization include an amount on Fo							No
	f "Yes," explain the arrangement in Part XIII.  V Endowment Funds	Check here if the e	хріапацоп паѕ ве	en provided on Pai	IL AIII			
· ui	Complete if the organization	answered "Yes"	on Form 990	Part IV. line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years		ree years back	(e) Four ye	ears back
1a E	Beginning of year balance					-		
	Contributions							
	let investment earnings, gains, and							
lo	osses							
d (	Grants or scholarships							
	Other expenditures for facilities and							
p	programs							
	Administrative expenses							
	End of year balance Provide the estimated percentage of the curre	ant year and halana	o (lino 1a polumn	(a)) hold as:				
	Board designated or quasi-endowment	•	e (iirie 1g, coluitii)	i (a)) rieiu as.				
	Permanent endowment %							
_	Ferm endowment %							
Т	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a /	are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administered	for the		_	
	organization by:						Υ	es No
							3a(i)	
	ii) Related organizations?						3a(ii)	_
	f "Yes" on line 3a(ii), are the related organiza			R?			3b	
Part	Describe in Part XIII the intended uses of the VI Land, Buildings, and Equi		owment funds.					
Ган	Complete if the organization		on Form 990	Part IV line 11	la See Form	000 Part	X lina 10	
	Description of property	(a) Cost or other		ost or other basis	(c) Accumulate		(d) Book val	
		(investment)	(.,	(other)	depreciation		(4)	
1a L	and							
b E	Buildings			534,066	211	,518	322	2,548
c L	easehold improvements			5,982		,062	-348	3,080
	Equipment			397,927			397	,927
e (	Other			130,427				,427
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, line 10c, colu	mn (B))			502	2,822

	orm 990) 2023 COOK COUNTY COMMUNI	TY RADIO	**-***4979	Page
Part VII	Investments – Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-year	r market value
(1) Financial	derivatives			
	ld equity interests			
(3) Other				
(⊑)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes"	on Form 900 Part IV	line 11d See Form 990 P	art V line 15
	(a) Description	on Form 990, Fait iv	, iiile TTu. See Foliii 990, F	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities	E 000 D ( I)	, ii	000 D 4 V
	Complete if the organization answered "Yes" line 25.	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of lia	ability		(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 25, col. (B))			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	e tootnote to the organizati	ion's financial statements that repo	rts tne

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

Pai	rt XI Reconciliation of Revenue per Audited Financial Statemers  Complete if the organization answered "Yes" on Form 990, F			eturn	
1	Total various and other compart was codited for a six latetaments			1	1,000,059
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,000,039
		2a			
a	Net unrealized gains (losses) on investments	2b			
b	Donated services and use of facilities	2C			
۲ C	Recoveries of prior year grants Other (Describe in Rest XIII.)	2d			
d	Other (Describe in Part XIII.)	Zu		20	
е 3	Add lines 2a through 2d			2e 3	1,000,059
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,000,033
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,000,059
	rt XII Reconciliation of Expenses per Audited Financial Staten				1,000,000
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	901,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	1 0-1			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	901,941
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)				
С	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		4c	
с 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	4b		4c 5	901,941
5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  **T XIII Supplemental Information	4b		5	-
c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.)	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  **T XIII Supplemental Information	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.)	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.)	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
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c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.)	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.)	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
c 5 Pai	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.)	/, lines 1b ar	nd 2b; Part V, line 4;	5	-
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Schedule D (Fo	orm 990) 2023	COOK	COUNTY	COMMUNITY	RADIO	**-***4979	Page <b>5</b>
Part XIII	Supplement	al Infor	mation (cor	ntinued)			

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.iis.gov/F0/111990 for instructions and the latest information

COOK COUNTY COMMUNITY RADIO \*\*-\*\*\*4979 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ..... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes ..... Intellectual property ..... 8 Securities — Publicly traded ...... 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests ..... Securities — Miscellaneous ..... 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other ..... Real estate — Residential ..... 15 Real estate — Commercial ...... 16 Real estate — Other ..... 17 Collectibles 18 Food inventory ..... 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens 23 Archeological artifacts ..... 24 25,926 25 X 26 Other (\_\_\_\_\_) 27 Other (\_\_\_\_\_\_) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Fo	orm 990) 2023 COOK COU	NTY COMMUNITY R	ADIO *:	*-***4979	Page <b>2</b>
Part II	Supplemental Informathe organization is report	tion. Provide the informa	tion required by Part I, li , the number of contribu	nes 30b, 32b, and 33, and whether tions, the number of items receive	er
		' '	,		

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

COOK COUNTY COMMUNITY RADIO

Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number \*\*-\*\*\*4979

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
REVIEWED AT BOARD MEETING.
REVIEWED AT BOTHED PERSITING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUAL REVIEW OF ANY CONFLICTS AT BOARD MEETING.
FORM 000 DARE UT I THE 15A COMPENSATION PROCEED FOR THE TOTAL
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD DISCUSSES COMPENSATION PACKAGE BASED ON PERFORMANCE AND COMPENSATION
IN THE AREA.
FORM 000 DARM MT I THE 10 GOVERNMEN DOCUMENTED DESCRIPTION OF ANALTON
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS AVAILABLE UPON REQUEST.

Form **4562** 

Internal Revenue Service Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

\*\*-\*\*\*4979 COOK COUNTY COMMUNITY RADIO Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 31,807 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L

**Summary** (See instructions.) Listed property. Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

For assets shown above and placed in service during the current year, enter the

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....

31,807

MM

MM

12 yrs.

30 yrs.

40 yrs.

23

S/L

S/L

S/L

21

21

12-year

30-year

40-year

Part IV

# WTIP COOK COUNTY COMMUNITY RADIO

\*\*-\*\*\*4979

FYE: 12/31/2023

# Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonu	Basis s for Depr	Per Conv Meth	<u>Prior</u>	Current_
Othon	Donnaciation							
<u>Omer</u> 1	<b>Depreciation:</b> BUILDING	12/31/07	330,000		330.000	40 MO S/L	123,750	8,250
2	REMODEL	1/23/07	1,750		1,750		658	43
3	REMODEL	1/06/08	202,316		202,316		73,759	5,058
4	BUILDING IMPROVEMENTS	1/06/08	2,291		2,291		834	57
5 6	ICE SHIELD OFFICE EQUIPMENT	1/12/11 1/01/06	3,691 3,373		3,691 3,373	15 MO S/L 5 MO S/L	2,584 3,373	246
7	OFFICE EQUIPMENT	1/01/07	100		100		100	ő
8	OFFICE EQUIPMENT	1/01/07	1,703		1,703	5 MO S/L	1,703	0
9	TRANSMITTER TOWER	1/01/06	99,759		99,759		56,528	3,325
	STUDIO EQUIPMENT	1/01/07	14,963		14,963		14,963	0
11 12	STUDIO EQUIPMENT OFFICE EQUIPMENT	1/01/06 1/06/08	50,855 7,081		50,855 7,081	10 MO S/L 5 MO S/L	50,855 7,081	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
13	SERVER, WEB PORTS	6/08/10	4,500		4,500		4,500	0
	STUDIO EQUIPMENT	3/08/12	14,503		14,503		14,503	ő
	STUDIO EQUIPMENT	1/06/08	2,436		2,436	10 MO S/L	2,436	0
	SIGNS	1/06/09	1,858		,	10 MO S/L	1,858	0
17	DELL COMPUTER	1/06/09	4,012		4,012		4,012	1 024
18 19	GRAND PORTAGE TRANSMITTER SATELLITE DISH	1/06/09 1/06/09	57,715 18,481		57,715 18,481	30 MO S/L 7 MO S/L	26,132 18,481	1,924
	CAMCORDER	3/02/10	336		336		336	0
	LAPTOP	6/21/10	1,252		1,252		1,252	0
	2 COMPUTERS	6/30/10	3,580		3,580		3,580	0
	HARDRIVE	12/17/10	1,791		1,791	5 MO S/L	1,791	0
	TRANSMITTER ADDITIONS EXCODER	12/31/11 10/17/11	32,954 2,043		32,954 2,043	15 MO S/L 5 MO S/L	24,441 2,043	2,197
	COMPUTER	7/31/12	1,004		1,004		1,004	0
27	STEREO	2/07/12	3,143		3,143		3,143	ő
	COMPUTER	7/31/12	1,451		1,451	5 MO S/L	1,451	0
	MISCELLANEOUS EQUIPMENT	8/16/12	172		172		172	0
30	OFFICE COMPUTER	12/19/13	987		987	5 MO S/L	987	0
31 32	STUDIO COMPUTER STUDIO BATTERIES	5/09/13 10/05/13	968 2,295		968 2,295	5 MO S/L 5 MO S/L	968 2,295	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
33	2014 ANTENNA	7/01/14	58,828		58,828		16,668	1,961
34	2015 TRANSMITTER	11/01/15	61,662		61,662		14,730	2,056
35	2015 STL	11/02/15	1,811		1,811	5 MO S/L	1,811	0
36	2015 TRANSMITTER	7/01/16	3,603		3,603		781	120
37 38	2015 STL OFFICE EQUIPMENT	2/01/16 10/01/16	1,245 7,551		1,245 7,551	5 MO S/L 5 MO S/L	1,245 7,551	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	STUDIO EQUIPMENT	6/01/16	5,685		5,685	5 MO S/L 5 MO S/L	5,685	0
40	TOWER EQUIPMENT	5/01/16	1,221		1,221	5 MO S/L	1,221	ő
41	REMODEL 16	2/15/16	2,500		2,500		432	63
42	OFFICE EQUIPMENT	2/09/17	384		384		384	0
43	STUDIO EQUIPMENT	7/01/17	4,743		4,743	5 MO S/L	4,743	0
	IMPROVEMENTS EQUIPMENT	6/27/17 7/01/17	7,560 1,177		1,177	40 MO S/L 5 MO S/L	1,040 1,177	189 0
	OFFICE EQUIPMENT	6/30/18	5,181		5,181	5 MO S/L	4,663	518
47	STUDIO EQUIPMENT	5/06/18	603		603	5 MO S/L	562	41
48	TRASMITTOR	1/09/18	325		325		108	22
49 50	STUDIO EQUIPMENT OFFICE EQUIPMENT	7/10/19 12/22/19	750 10,133		750 10,133	5 MO S/L 5 MO S/L	525 6,080	150
51	OFFICE EQUIPMENT - UPS	6/01/19	16,664		16,664	5 MO S/L 5 MO S/L	11,943	2,026 3,333
	CARPET	4/01/19	3,413		3,413		853	228
	<b>Total Other Depreciation</b>		1,068,402		1,068,402		533,775	31,807
	Total ACRS and Other Depre	ciation	1,068,402		1,068,402		533,775	31,807
	Grand Totals		1,068,402		1,068,402		533,775	31,807
	Less: Dispositions and Transfe	ers	0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	<b>Net Grand Totals</b>		1,068,402		1,068,402		533,775	31,807

WTIP COOK COUNTY COMMUNITY RADIO

**Federal Statements** 

FYE: 12/31/2023

\*\*-\*\*\*4979

**Taxable Interest on Investments** 

Description

Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US 6/30/75 Obs (\$ or %)

5/13/2024 6:36 AM

TAXABLE INTEREST

3,769 3,769

Amount

TOTAL

14

WTIP COOK COUNTY COMMUNITY RADIO

\*\*-\*\*\*4979

# **Federal Statements**

5/13/2024 6:36 AM

FYE: 12/31/2023

## Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service	Management & General	Fund Raising
TRANSMITTER EXPENSE TRANSLATOR/TRANSMITTER TELEPHONE TECHNICAL SERVICES VOLUNTEER	\$	25,506 6,676 3,473 3,074 1,992	\$ 25,506 6,676 3,473 3,074 1,992	\$	\$
TOTAL	\$	40,721	\$ 40,721	\$0	\$0

\*\*-\*\*\*4979

# **Federal Statements**

FYE: 12/31/2023

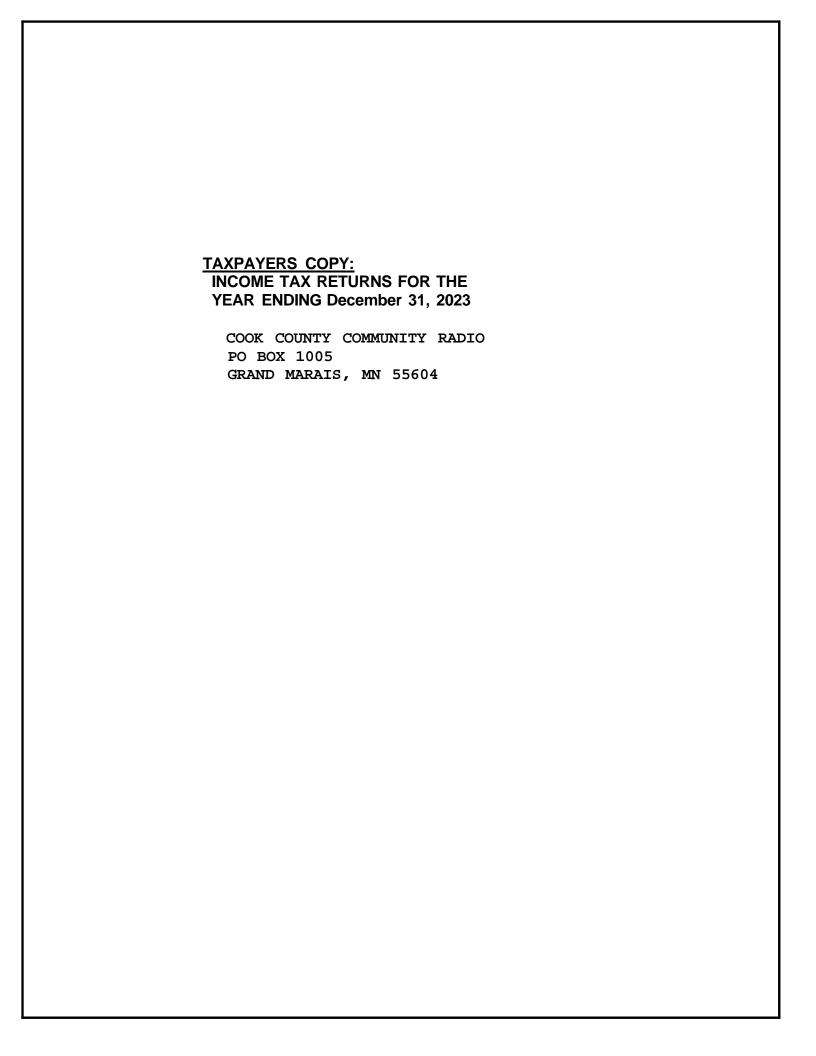
Description		Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$	289,860
COOK COUNTY		
OTHER CONTRIBUTIONS		145,776
CORPORATION OF PUBLIC BROADCASTING		
CASH CONTRIBUTION		167,674
STATE OF MINNESOTA		
CASH CONTRIBUTION		282,693
LLOYD K. JOHNSON FOUNDATION		
CASH CONTRIBUTION		45,000
VISIT COOK COUNTY		
CASH CONTRIBUTION		14,250
STORYCORPS		0.000
CASH CONTRIBUTION		8,000
BLANDIN FOUNDATION		10 000
CASH CONTRIBUTION		10,000
TOTAL	\$	963,253
	_	

# Schedule A, Part III, Line 2(e)

Description	 Amount
MISCELLANEOUS INCOME FUNDRAISING EVENTS	\$ 33,037
TOTAL	\$ 33,037

## Schedule A, Part III, Line 10a(e)

Description	Amount
TAXABLE INTEREST	\$3,769
TOTAL	\$ 3,769



Licari Larsen and Company 130 W Superior St Ste 712 Duluth, MN 55802 218-722-2226 Fax - 218 722-2242

May 13, 2024

#### CONFIDENTIAL

COOK COUNTY COMMUNITY RADIO PO BOX 1005 GRAND MARAIS, MN 55604

Dear Matt:

We have prepared the following returns from information provided by you:

Return of Organization Exempt From Income Tax (Form 990) Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Please sign and return Form 8879-TE via fax, email or mail to allow us to electronically file the return.

*Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by our office.

#### **Federal Filing Instructions**

Your Form 990 for the year ended 12/31/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Licari Larsen and Company 130 W Superior St Ste 712 Duluth, MN 55802

*Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

#### **Minnesota Charitable Organization Filing Instructions**

The filing fee for the tax year ended 12/31/23 is \$25. The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. \*\*-\*\*\*4979, for the year ended 12/31/23" on the check. Mail the return by July 15, 2024 to:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Licari Larsen and Company Steven S. Licari, CPA slicari@licarilarsen.com

#### Licari Larsen and Company 130 W Superior St Ste 712 Duluth, MN 55802 218-722-2226 Fax - 218 722-2242

May 13, 2024

#### **CONFIDENTIAL**

COOK COUNTY COMMUNITY RADIO PO BOX 1005 GRAND MARAIS, MN 55604

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/23.

Amount due \$ 0.00

WTIP COOK COUNTY COMMUNITY RADIO
\*\*-\*\*4979
ph:218-387-1070
Platform Version: 23.3.3
Federal Version: 23.3.6

### **Federal Diagnostics**

Prepared by: Steven S. Licari, CPA 05/13/2024 06:36 AM slicari

Critical Messages
None
Electronic Filing
None
Informational Messages
Force field entered with data "31,806" on Screen Exp-2  IRS regulations require any entity with an EIN to update the Responsible Party information within 60 days of any change by filing Form 8822-B, Change of Address or Responsible Party  Historical Report (990 Return) does not display 2024 column if Tax Projection has not been selected.  Lump sum entry of multiple grant amounts less than or equal to \$5,000 each is indicated; Recipients who've received more than \$5,000 should be listed separately  If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income  Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext  Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated  Preparer 'Steven S. Licari, CPA'
Missing Data
Prior Year Data
Functional Expenses
☐ M/G accounting fees 9,630

33. Number of volunteers

Form 990 Two Year Comparison Report

2022 & 2023

For calendar year 2023, or tax year beginning

, ending

Name Taxpayer Identification Number

C	OOK COUNTY	COMMUNITY RADIO				**_*	***4979
				2022	2023		Differences
	1. Contributions, gif	ts, grants	1.	352,579	390	700	
	2. Membership due	s and assessments	2.	259,229		,860	
	3. Government con	tributions and grants	3.	188,957	282	2,693	93,736
n e	4. Program service	revenue	4.				
_	5. Investment incor	ne	5.	906		769	2,863
>	6. Proceeds from ta	6. Proceeds from tax exempt bonds					
e e	7. Net gain or (loss)	from sale of assets other than inventory	7.				
	8. Net income or (lo	oss) from fundraising events	8.				
		oss) from gaming	9.				
		on sales of inventory	10.				
			11.	39,114	33	3,037	-6,077
	12. Total revenue.	Add lines 1 through 11	12.	840,785	1,000	,059	159,274
	13. Grants and similar	ar amounts paid	13.	29,621	46	676	17,055
	14. Benefits paid to		14.				
Ø	15. Compensation of	officers, directors, trustees, etc.	15.	59,731	59	,224	-507
S	16. Salaries, other c	ompensation, and employee benefits	16.	450,330	444	L,887	-5,443
e	17. Professional fund	draising fees	17.				
α×	18. Other profession	al fees	18.	12,693		588	-12,105
Ш	19. Occupancy, rent,	utilities, and maintenance	19.				
		Depletion		33,003		L <b>,</b> 806	
	21. Other expenses			310,488	318	760	8,272
	22. Total expenses.	Add lines 13 through 21	22.	895,866	901	,941	6,075
	23. Excess or (Defi	cit). Subtract line 22 from line 12	23.	-55,081		3,118	
	24. Total exempt rev	enue	24.	840,785	1,000	,059	159,274
	25. Total unrelated r	evenue	25.				
ion	26. Total excludable	revenue	26.	40,020		,806	
nat	27. Total assets		27.	945,161	1,068	178	123,017
Information	28. Total liabilities		28.	5,772		671	
드	29. Retained earning	js	29.	939,389		,507	98,118
her	30. Number of voting	members of governing body	30.	8	7		
ō	31. Number of indep	endent voting members of governing body	31.	8	7		
	32. Number of emplo	oyees	32.	16	14		
	ha						

33.

### COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM

#### **FINANCIAL STATEMENTS**

YEARS ENDED DECEMBER 31, 2023 AND 2022

### COOK COUNTY COMMUNITY RADIO D/B/A WTIP – FM

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Statements of Cash Flows	8
Notes to Financial Statements	9 - 14



#### **DULUTH OFFICE:**

130 W SUPERIOR ST, SUITE 712
DULUTH, MN 55802
P (218) 722-2226 • F (218) 722-2242

#### **GRAND MARAIS OFFICE:**

121 1ST AVE WEST, PO BOX 550 GRAND MARAIS, MN 55604 P (218) 387-1180 • F (218) 387-1195

#### Independent Auditor's Report

April 22, 2024

To the Board of Directors Cook County Community Radio D/B/A WTIP-FM Grand Marais, Minnesota

#### Opinion

We have audited the accompanying financial statements of Cook County Community Radio d/b/a WTIP-FM (a tax-exempt organization), which comprise the statements of financial position as of December 31, 2023 and 2022, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Cook County Community Radio d/b/a WTIP-FM as of December 31, 2023 and 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cook County Community Radio d/b/a WTIP-FM and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, which raise substantial doubt about Cook County Community Radio d/b/a WTIP-FM's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Independent Auditor's Report (Continued)

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures
  that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
  effectiveness of Cook County Community Radio d/b/a WTIP-FM's internal control. Accordingly, no
  such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cook County Community Radio d/b/a WTIP-FM's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

\*\*Laser\*\* Curb\*\*

### COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2023 AND 2022

		2023	2022
	<u>Assets</u>		
Current Assets:			
Cash and cash equivalents		\$ 565,356	\$ 410,533
Total Current Assets		565,356	410,533
			<del></del>
Property And Equipment:			
Building		537,388	537,388
Transmitter tower/equipment		531,014	531,014
		1,068,402	1,068,402
Less: accumulated depreciation		(565,580)	(533,774)
Property And Equipment, Net		502,822	534,628
Total Assets		\$1,068,178	\$ 945,161

#### **Liabilities And Net Assets**

Current Liabilities: Accounts payable/accruals	_\$_	30,671	_\$_	5,772
Total Current Liabilities		30,671	<b>,,,,</b>	5,772
Net Assets:				
Without donor restrictions		933,441	ξ	27,423
With donor restrictions		104,066		11,966
Total Net Assets	1	,037,507		939,389
Total Liabilities And Net Assets	\$1	,068,178	\$ 9	945,161

### COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM STATEMENTS OF ACTIVITIES YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023					
	Without Donor With Donor					
	Restrictions	Restrictions	Total			
Public Support And Revenues:						
Public Support:						
Grant-Corporation for Public Broadcasting	\$ 130,869	\$ 36,805	\$ 167,674			
Grant-State of Minnesota - Heritage	70,149	47,000	117,149			
Grant-Ampers	85,294	80,250	165,544			
Grants and donations-other	77,250	-	77,250			
In-kind contributions	25,926	-	25,926			
Net assets released from restrictions	71,955	(71,955)	-			
Total Public Support	461,443	92,100	553,543			
Revenues:						
Memberships	289,860	-	289,860			
Business underwriting	119,850	_	119,850			
Investment income	3,769	-	3,769			
Miscellaneous activities	33,037	-	33,037			
Total Revenues	446,516	-	446,516			
Total Public Support/Revenue	907,959	92,100	1,000,059			
Operating Expenses:						
Program services	597,649	_	597,649			
Fundraising	169,647	_	169,647			
Management and general	134,645	p-1	134,645			
Total Operating Expenses	901,941		901,941			
INCREASE (DECREASE) IN NET ASSETS	\$ 6,018	\$ 92,100	\$ 98,118			
Net Assets:						
Beginning of year	927,423	11,966	939,389			
End of year	\$ 933,441	\$104,066	<u>\$1,037,507</u>			

## COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM STATEMENTS OF ACTIVITIES YEARS ENDED DECEMBER 31, 2023 AND 2022

	2022					
	Without Donor		With Donor			
	_Re	strictions	Re	strictions	Total	
Public Support And Revenues:						
Public Support:						
Grant-Corporation for Public Broadcasting	\$	118,030	\$	33,145	\$ 151,175	
Grant-State of Minnesota - Heritage		151,663		-	151,663	
Grant-Ampers		28,941		8,353	37,294	
Grants and donations-other		72,423		-	72,423	
In-kind contributions		20,244			20,244	
Net assets released from restrictions		41,498		<u>(41,498)</u>		
Total Public Support		432,799			432,799	
Revenues:						
Memberships		259,229		-	259,229	
Business underwriting		108,737		-	108,737	
Investment income		906		_	906	
Miscellaneous activities		39,114		-	39,114	
Total Revenues		407,986			407,986	
Total Public Support/Revenue		840,785			840,785	
Operating Expenses:						
Program services		622,108		_	622,108	
Fundraising		155,857		_	155,857	
Management and general		117,901		-	117,901	
		***************************************				
Total Operating Expenses		895,866		-	895,866	
INCREASE (DECREASE) IN NET ASSETS	\$	(55,081)	\$	-	\$ (55,081)	
Net Assets:						
Beginning of year		982,504		11,966	994,470	
End of year	\$	927,423	\$	11,966	\$ 939,389	

## COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023				
	Program	Program Management			
	Services	Fundraising	And General	Total	
Salaries	\$ 261,763	\$ 92,588	\$ 67,848	\$ 422,199	
Payroll taxes	20,229	7,155	5,244	32,628	
Employee benefits	30,556	10,808	7,920	49,284	
Total Compensation	312,548	110,551	81,012	504,111	
Administrative expense	-	_	44,888	44,888	
Advertising/marketing	45,462	-	-	45,462	
Advertising/marketing-in kind	_	25,926	-	25,926	
Building expenses	24,875	-	8,157	33,032	
Depreciation	31,806	_	-	31,806	
Dues/conferences	16,699	-	-	16,699	
Equipment	12,222	-	-	12,222	
Fundraising	-	33,170	-	33,170	
Grants	46,676		-	46,676	
Professional fees	~	-	588	588	
Radio programming	66,640	-	-	66,640	
Technical services	3,074	-	-	3,074	
Telephone	3,473	-	-	3,473	
Translator/transmitter	6,676	-	-	6,676	
Transmitter expense	25,506	-	-	25,506	
Volunteer	1,992_		<b></b>	1,992	
		<b>4.00.01</b>	<b>.</b>	<b></b>	
	\$ 597,649	<u>\$169,647</u>	<u>\$ 134,645</u>	\$ 901,941	

### COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDED DECEMBER 31, 2023 AND 2022

	2022					
	Program Management					
	Services	Fundraising	And General	Total		
Salaries	\$ 263,094	\$ 93,527	\$ 69,857	\$ 426,478		
Payroll taxes	19,505	6,934	5,179	31,618		
Employee benefits	32,058	11,396	8,511	51,965		
Total Compensation	314,657	111,857	83,547	510,061		
Administrative expense	-	_	24,578	24,578		
Advertising/marketing	79,030	-	•••	79,030		
Advertising/marketing-in kind	-	20,244	-	20,244		
Building expenses	20,139	-	6,713	26,852		
Depreciation	33,003	-	-	33,003		
Dues/conferences	10,483	-	-	10,483		
Equipment	5,300	-	_	5,300		
Fundraising	-	23,756	-	23,756		
Grants	29,621	-	-	29,621		
Professional fees	-	-	3,063	3,063		
Radio programming	85,259	_	-	85,259		
Technical services	6,999	_	-	6,999		
Telephone	5,129	-	-	5,129		
Translator/transmitter	8,650		-	8,650		
Transmitter expense	21,320	-	-	21,320		
Volunteer	2,518			2,518		
	\$ 622,108	\$155,857	\$ 117,901	\$ 895,866		

## COOK COUNTY COMMUNITY RADIO D/B/A WTIP-FM STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023		2022	
Cash Flows From Operating Activities: Increase (decrease) in net assets Adjustments to reconcile to net cash flows	\$	98,118	\$ (55,081)	
from operating activities:  Depreciation Increase (decrease) in:		31,806	33,003	
Payables and accruals		24,899	2,161	
Net Cash Flows From Operating Activities		154,823	(19,917)	
Cash Flows From Investing Activities: Purchase of building and equipment				
Net Cash Flows From Investing Activities		<u>.</u>	-	
NET INCREASE (DECREASE) IN CASH		154,823	(19,917)	
Cash And Cash Equivalents: Beginning of year	<del>(</del>	410,533	430,450	
End of year		565,356	\$ 410,533	

#### NOTE A - SIGNIFICANT ACCOUNTING POLICIES

#### Organization

Cook County Community Radio D/B/A WTIP-FM is a tax-exempt Minnesota corporation operating a public broadcasting radio station in Grand Marais, Minnesota. The Organization is a charitable organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Revenues are derived from public support and membership support. The Organization provides local programming.

#### **Basis of Accounting**

The financial statements have been prepared using the accrual basis of accounting. The financial statements have been prepared in conformity with the standards set forth for not-for-profit organizations.

#### **Financial Statement Presentation**

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor restrictions.

Net Assets with Donor Restrictions – Net asset subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met with the passage of time. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates those resources be maintained in perpetuity.

#### Property and Equipment

Property and equipment over \$1,000 are stated at cost less accumulated depreciation. Depreciation is determined on the straight-line basis over the estimated useful lives of the assets, which range from 3 to 40 years. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized in income for the period. The cost of maintenance and repairs is charged to income as incurred; significant renewals and betterments are capitalized. Transmitter tower and equipment are recorded at cost, if purchased and at fair market value at date of gift, if donated to WTIP.

#### NOTE A - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the organization to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

#### Income Taxes

The Organization is exempt from income tax under Section 501(c)(3) of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the organization, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### In-Kind Contributions and Donated Personal Services of Volunteers

In-kind contributions are recorded as revenues in the Statements of Activities. In-kind contributions consist of local support for marketing.

The value of personal services of volunteers has not been reflected in the financial statements as no objective basis is available for valuation.

#### **Accrued Vacation**

Accrued compensated absences have not been reflected in the financial statements as they cannot be reasonably estimated.

#### Cash Flows

Cash and cash equivalents are defined as checking and short-term investments with maturities of less than one year for purposes of the Statement of Cash Flows.

#### NOTE A – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **Functional Expenses**

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### Concentration of Credit Risk

Financial instruments that potentially subject the Organization to credit risk include cash and cash equivalents at financial institutions and any grants receivable.

#### **Advertising Costs**

Advertising costs are expensed as incurred.

#### Subsequent Events

Management has evaluated subsequent events through April 22, 2024, the date on which the financial statements were available to be issued.

#### NOTE B - LIQUIDITY AND AVAILABILITY OF FINANCIAL RESOURCES

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. For the purpose of analyzing resources available to meet general expenditures over a twelvementh period, the Organization considers all expenditures for programming and general expenditures without restriction. The Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures. The Organization invests excess available cash in bank savings.

Financial assets available for general expenditures without donor restriction, within one year of the date of the statement of financial position, comprise the following:

	2023		2	2022	
Petty cash	\$	195	\$	195	
Checking accounts	15	58,112	22,589		
Savings accounts	40	08,293	387,749		
Financial assets available within one year to					
meet cash needs for expenditures	\$ 56	6,600	\$ 4	10,533	

#### NOTE C - ENDOWMENT FUND

WTIP has endowment funds as part of the Duluth Superior Area Community Foundation. Income generated from investments is available for general operations. The money is maintained under a custodial agreement with the Duluth-Superior Community Foundation and all investing and accounting is performed by them. The asset value is not reflected in these financial statements. Total Fund value is \$39,134 on December 31, 2023 of which \$29,562 represents permanent contributions.

#### NOTE D - NET ASSEETS WITH DONOR RESTRICTIONS

Grants and donations that are originally restricted when received and have not been expended for that restricted purpose on December 31, 2023 and 2022 are as follows:

		2023		2023		2022
MN - Equipment Grant	\$	6,802	\$	11,966		
MN - Technology Grant		97,264		-		
	\$ ^	\$ 104,066		11,966		

#### NOTE E - FUNCTIONAL EXPENSES

Operating expenses are allocated between the program, fundraising and management and general. Program expenses provide a public broadcasting radio station to provide local programming and service. Expenses are allocated based on their direct relationship to providing the program activities described above.

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The Organization maintains accountability for each line-item expense and allocates each expense to the various programs accordingly.

#### NOTE F - OTHER GRANTS

The detail of Grants and Donations – Other is as follows:

	2023	2022
Lloyd K. Johnson Foundation	\$ 45,000	\$ 25,000
Miscellaneous contributions	10,000	423
Northhouse	-	7,500
Storycorps	8,000	30,000
Visit Cook County	14,250_	9,500
	\$ 77,250	\$ 72,423

#### NOTE G - REVENUE RECOGNITION

The Organization has analyzed the provisions of the new accounting standard, ASC Topic 606, Revenue from Contracts with Customers, ASU 2014-09 and has concluded that no changes in revenue recognition are necessary to transition to the new standard. ASU 2014-09 applies to exchange transactions with customers that are bound by contract or similar arrangements and establishes a performance obligation approach to revenue recognition. Significant revenue streams consist of grants and other public support, memberships and underwriting for radio programs.

Memberships are generally purchased annually and provide the member with general communication of events happening at the station. Performance obligations are considered met when the membership is purchased. The underwriting of programs is considered to have met the performance obligation once the underwriting is complete, which generally occurs at the time of payment.

Significant support is received from the Corporation for Public Broadcasting and the State of Minnesota. Membership and underwriting revenues are received from approximately 200 individuals and businesses.

#### NOTE H - TAX STATUS

Accounting principles generally accepted in the United States of America require the Organization's management to evaluate tax positions taken by the Organization and recognize a tax liability if there has been an uncertain position taken that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Organization, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.