Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

. 2021, and ending 6/30 , 20 2022 For the 2021 calendar year, or tax year beginning 7/01 D Employer identification number Check if applicable: 92-0100717 PICKLE HILL PUBLIC BROADCASTING, INC. Address change E Telephone number 14896 KENAI SPUR HWY STE 303 Name change KENAI, AK 99611 907-283-8433 Initial return Final return/terminated G Gross receipts \$ 465,127. Amended return H(a) Is this a group return for subordinates? X No Yes Application pending F Name and address of principal officer: JENNY NEYMAN H(b) Are all subordinates included?

If "No," attach a list, See instructions No SAME AS C ABOVE 527 Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 501(c) (Website: ▶ KDLLRADIO, ORG H(c) Group exemption number M State of legal domicile: AK X Corporation 1984 Form of organization: L Year of formation: Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: PUBLTC RADIO Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 9 Total number of individuals employed in calendar year 2021 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary)..... 6 89 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T. Part I. line 11. **Current Year** Contributions and grants (Part VIII, line 1h)..... 547,982. 461,777. Program service revenue (Part VIII, line 2g)..... 1,050. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 2,300. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 2,300 465,127. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 550,282 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 111,505 118,399. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 249,258 235,716. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 354,115. 360,763. Revenue less expenses. Subtract line 18 from line 12..... 189,519. 111,012. **End of Year** Beginning of Current Year 0 8 634,782. Total assets (Part X, line 16)..... 593,877. 20 186,284. 21 Total liabilities (Part X, line 26) 250,504 Net / 22 343,373 448,498. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here JENNY NEYMAN GENERAL MANAGER Type or print name and title Print/Type preparer's name Preparer's signature STEPHANIE J. LAMBE, CPA P01273106 STEPHANIE J. LAMBE, CPA self-employed Paid Preparer Firm's name LAMBE TUTER & ASSOCIATES APC Use Only Firm's EIN ► 920115580 Firm's address ► 189 S. BINKLEY STE 201 907-262-9123 SOLDOTNA, AK 99669 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990 (2	(021) PICKLE HILL PUR	BLIC BROADCASTING,	INC.	92-0100717	Page 2
Part III	Statement of Program S				
			ne in this Part III		
	describe the organization's mis	ssion:			
PUBI	LIC RADIO				
2 Did the	organization undertake any sign	ficant program carvices during	the year which were not listed on t	he prior	
			g the year which were not listed on t		X No
	," describe these new services on				A NO
	With the property of the property of the second of the sec		es in how it conducts, any progra	am services? Yes	X No
	," describe these changes on Sch				
			each of its three largest progran	n services, as measured by e	xpenses.
Section	n 501(c)(3) and 501(c)(4) organ	nizations are required to rep	each of its three largest progran ort the amount of grants and allo	cations to others, the total ex	penses,
and re	venue, ii any, for each program	i service reported.			
4a (Code	:) (Expenses \$	192,953. including	grants of \$) (Revenue \$	
			RED IN OPERATION OF A		BLIC
		KENAI, ALASKA.	NED IN OFFICIALITION OF I		<u> </u>
14101	O DIMITON : NODE IN				
4b (Code	:) (Expenses \$	including	g grants of \$) (Revenue \$)
4c (Code	:) (Expenses \$	including	g grants of \$) (Revenue \$)
70 (0000	,, (Expenses +	- Inolading	g grante or +		
4 1 011		Cahadula O \			
	program services (Describe on nses \$) (Revenu	ıo \$)
(Expe	THE SECOND SECON	including grants of \$) (Revenu	1C 4	,
ISJOI SE	program service expenses	192,953.		Faire	990 (2021)

20	1. II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
-	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.	11 b		Х
•	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.	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
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		Х
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŀ	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		Х

1	Par	t IV Checklist of Required Schedules (continued)			
_				Yes	No
- 6	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
	23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	,7	Х
	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		х
	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
		Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,'	00		Х
	29	complete Schedule L, Part IV	28c		X
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	31	contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II.	32		х
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		х
	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,			Х
	25 -	and Part V, line 1	34 35a		X
		o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	36	Section 501(cV3) organizations. Did the organization make any transfers to an exempt non-charitable related	7.50		Х
	37	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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	36		
	38	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 19?	37		Х
		Note: All Form 990 filers are required to complete Schedule O	38	Х	
	rdi	Check if Schedule O contains a response or note to any line in this Part V			П
-		ANTHRONO NEW TOUTH THE UTE AND RECORDING TO REPORT TO STEEL TO MIND TO THE		Yes	0.50
		a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
		Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		The same of	
	•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Up 1
7	ЗДД	The state of the s		990	(2021

92-0100717 Page 5 PICKLE HILL PUBLIC BROADCASTING, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions?.... 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 h Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor?.... 7 a 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282?..... d If 'Yes,' indicate the number of Forms 8282 filed during the year..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9a 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....

11 Section 501(c)(12) organizations. Enter: **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).... 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans..... c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O..... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?...... If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?...... If 'Yes,' complete Form 6069. TEEA0105L 09/22/21 Form 990 (2021)

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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 Yes No 1 a 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 9 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents X 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 X Did the organization have members or stockholders?... SEE SCHEDULE 0 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body?.... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes 10a 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done... SEE SCHEDULE 0...... X 12 c X 13 Did the organization have a written whistleblower policy?..... 13 X Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a X **b** Other officers or key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records KDLL 14896 KENAI SPUR HWY STE 303 KENAI AK 99611 907-283-8433

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

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

· · · · · · · · · · · · · · · · · · ·				(C))					
(A) Name and title	(B) Average hours per	is	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the organization and related organizations
(1) JENNY NEYMAN	40									
GENERAL MANAGER				Х				53,000.	0.	0 .
(2) SANDRA HOLSTEN	2_									
DIRECTOR	0	X						0.	0.	0 .
(3) BRANDEN BORNEMANN										
DIRECTOR	0	X						0.	0.	0
(4) CHRIS BEAUDOIN								_		•
DIRECTOR	0	X						0.	0.	0
(5) BILL LARNED								_	2	
VICE PRESIDENT	0	X		X				0.	0.	0
(6) SARAH HOBART	2_									
DIRECTOR	0	X			_		_	0.	0.	0
7 SHAYLON COCHRAN	2_			521						•
PRESIDENT	0	X		X	-			0.	0.	0
(8) KRISTIN MITCHELL										_
DIRECTOR	0	X	-		-			0.	0.	0
(9) DIANE TAYLOR										
TREASURER	0	X	ļ	X	-		_	0.	0.	0
(10) LAURA RHYNER	$ \frac{2}{0} -$								_	
SECRETARY	0	X	_	X	-		-	0.	0.	0
(11)										
(12)										
(13)										
(14)					-					

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Form 990 (2021)

Part VII Section	A. Officers, Directors, Tru	istees, l	Key	Em	ıplo	oye	es,	anc	Highest Com	pensated Empl	oyees	(continu	ued)
		(B)			(0	70							
	(A) Name and title	Average hours per	box.	unle	SS DE	erson	than is both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from	Estimat	(F) ed amou other	ınt
		week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compen the ord and	sation froganization related nizations	n
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)			4										
(25)													
								•	53,000.	0.			0.
	nuation sheets to Part VII, Secti							•	0.	0.			0.
	1b and 1c) dividuals (including but not limited							vod.	53,000.	0.	ensation		0.
2 Total number of in from the organization		to those i	istea	abo	ve)	WHO	recei	veu	more than \$100,00	of reportable comp	CHSation		
	0											Yes	No
3 Did the organizat on line 1a? If 'Ye	tion list any former officer, directes,' complete Schedule J for suc	tor, truste h individu	ee, ke	ey e	mpl	oye	e, or	higl	hest compensated	l employee	. 3		X
4 For any individua the organization	al listed on line 1a, is the sum of and related organizations greate	f reportab er than \$1	le co 50,0	mpe 00?	ensa If "	atior Yes,	and con	oth nple	ner compensation ete Schedule J for	from	4		X
5 Did any person li	sted on line 1a receive or accru ered to the organization? If 'Yes	e comper	nsatio	n fr	om	anv	unre	elate	ed organization or	individual			X
Section B. Indepe	ndent Contractors								311-11-2				
Complete this tal compensation from	ole for your five highest compen n the organization. Report compen	sation for	epen the c	den aler	t co dar	ntra year	ctors endi	tha ing v	with or within the or	ganization's tax year	0.5	200	
	(A) Name and business add	ress							Description	of services	Compe) nsatior	n
	dependent contractors (including to pensation from the organization		ited to	o the	ose	liste	d abo	ve)	who received more	than			
RAA			TEEA	1100	00/	22/21		-		-	Form	oon (2021

Form 990 (2021) PICKLE HILL PUBLIC BROADCASTING, INC.

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note	e to any line in this Part VI	II		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N N	1 a Federated campaigns 1 a				
ant	b Membership dues	225.			
5 5	c Fundraising events				
Contributions, Gifts, Grants, and Other Similar Amounts	d Related organizations 1 d				
S, G	e Government grants (contributions) 1 e 242,	158.			
ion r Si	f All other contributions, gifts, grants, and				
but	similar amounts not included above 1f 156,	394.			
E G	g Noncash contributions included in lines 1a-1f				
SE	h Total. Add lines 1a-1f	461,777.			
ne	Business Co				
Program Service Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a-2f	b			
<u>п</u>	3 Investment income (including dividends, interest, and				
	other similar amounts)	1,050.	1,050.		
	4 Income from investment of tax-exempt bond proce-	eds ►			
	5 Royalties	>			
	(i) Real (ii) Perso	onal			
	6 a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
	7 a Gross amount from (i) Securities (ii) Oth	er			
	sales of assets				
	b Less: cost or other basis				
	and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss)	.,., >			
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
e P	b Less: direct expenses 8b				THE REPORT OF THE PARTY.
ð	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities	. 1782			
	10 a Gross sales of inventory, less	187 (1983)			
	c Net income or (loss) from sales of inventory				
<u></u>	Business C			LEAST TOWN	
Miscellaneous Revenue	11a MISC REVENUE 900099	2,300.	2,300.		
scellaneo Revenue	b				
	c				
<u> </u>					
Σ	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	▶ 465,127.	3,350.	0	. 0.

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

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX..... (**D**) Fundraising (A) Total expenses (C) (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Program service expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals, See Part IV, line 22..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees 42,260. 21,938. 20,322. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0 0 0 54,938. 44,198. 10,740 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 12,972. 8,821 4,151 8,229. 5.596 2,633. Fees for services (nonemployees): 60,792. 12,636 48,156. d Lobbying e Professional fundraising services. See Part IV, line 17 . . . f Investment management fees...... Other. (If line 11g amount exceeds 10% of line 25, column 13,320. 120 13,200 (A), amount, list line 11g expenses on Schedule O.). 2,430. Advertising and promotion..... 12 2,430. 1,309. 557. 1,866. Information technology..... 6,131 6,131. 15 Royalties..... 20,291 19,800. 16 40,091 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 Payments to affiliates..... 21 Depreciation, depletion, and amortization.... 2,813. 2,813. 22 5,080. 5,080 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.)..... 28,050 28,050 a PROGRAMMING AND PRODUCTION COSTS 18,908. 18,908. b TECHNICAL SUPPORT 14,290. 14,290. c SUPPLIES_____ 10,207 d REPAIRS/MAIN 10,207 775. 31,738 15,636. 15,327. e All other expenses..... 146,097. 15,065. 354,115 192,953. 25 Total functional expenses. Add lines 1 through 24e. . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720).....

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any inc in	this rare X	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		*****	470,633.	1	492,511.
	2	Savings and temporary cash investments				2	
1	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		-	12,279.	4	9,965.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	irector, , or 35%		5		
	6	Loans and other receivables from other disqualified p	ersons (as o	defined under	Track Consist of the		
		section 4958(f)(1)), and persons described in section	4958(c)(3)(l	3)		6	
	7	Notes and loans receivable, net	2 C C C C C C C C C C C C C C C C C C C	************		7	
2	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	2,382.	9	3,458.
AS	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	ľ 1	302,131.			
		Less: accumulated depreciation		246,361.	58,583.	10 c	55,770.
	11	Investments – publicly traded securities			30,303.	11	33,770.
	12	Investments – other securities. See Part IV, line 11		manufacture and a second second and second second in the		12	
	13	Investments – program-related. See Part IV, line 11.		Programme and the second secon		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			50,000.	15	73,078.
	16	Total assets. Add lines 1 through 15 (must equal line	593,877.	16	634,782.		
	10	Total assets. Add lines 1 tillough 15 (must equal line	33)		393,011.		034, 702.
\forall	17	Accounts payable and accrued expenses	2207025023		38,211.	17	86,296.
	18	Grants payable		*****		18	
	19	Deferred revenue		NO. 1 (0.00) CT CO. 1 CO. 10 CO.		19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of Schedu	ule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, directoutor, or 35%	or, trustee,		22	
Ë	22	Secured mortgages and notes payable to unrelated the		-		23	
	23	Unsecured notes and loans payable to unrelated third		-		24	
	24 25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			212 202	25	00 000
	26	Total liabilities. Add lines 17 through 25			212,293. 250,504.	26	99,988. 186,284.
S	20	Organizations that follow FASB ASC 958, check here			230,304.		100,204.
ĕ		and complete lines 27, 28, 32, and 33.	Δ				
au	27	Net assets without donor restrictions			293,373.	27	403,335.
3a	28	Net assets with donor restrictions			50,000.	28	45,163.
9	20	Organizations that do not follow FASB ASC 958, che			30,000:		
Net Assets or Fund Balance		and complete lines 29 through 33.				27	
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipn				30	
SS	31	Retained earnings, endowment, accumulated income				31	
it /	32	Total net assets or fund balances			343,373.	32	448,498.
ž	33	Total liabilities and net assets/fund balances	TEEA01111 0		593,877.	33	634,782.

Forr	n 990 (2021) PICKLE HILL PUBLIC BROADCASTING, INC. 92-0	010071	<u>t </u>	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	65,1	27.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3!	54,1	.15.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1.	11,0)12.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	43,3	373.		
5	Net unrealized gains (losses) on investments	5		-5,8	387.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	9 Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)).	10	4	48,4	198.		
Pa	rt XII Financial Statements and Reporting						
÷	Check if Schedule O contains a response or note to any line in this Part XII			** ***	. 🔲		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			e III	AND IN		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a					
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te					
	c 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?		2 c	Х			
2	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single						
3	And		. 3a		X		
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b				

TEEA0112L 09/22/21

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Form 990 (2021)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PICKLE HILL PUBLIC BROADCASTING, INC. 92-0100717 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (i) Name of supported organization support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

Sche	dule A (Form 990) 2021	PICKLE HI	LL PUBLIC E	ROADCASTIN	G, INC.	92-0100717	Page 2
Par	Support Schedule for (Complete only if you checked organization fails to qualify u	the box on line 5, 7	, or 8 of Part I or if	the organization fa	ailed to qualify und		(vi)
Sec	tion A. Public Support			+			
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	320,104.	339,841.	303,930.	547,982.	461,777.	1,973,634.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	320,104.	339,841.	303,930.	547,982.	461,777.	1,973,634.
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)						0.
6	Public support. Subtract line 5 from line 4						1,973,634.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	320,104.	339,841.	303,930.	547,982.	461,777.	1,973,634.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					1,050.	1,050.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7,540.	1,595.	1,272.			10,407.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	3,680.	2,455.	2,645.	2,300.	2,300.	13,380.
11	Total support. Add lines 7						

13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	_
	organization, check this box and stop here	

Gross receipts from related activities, etc. (see instructions).....

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.76%
15	Public support percentage from 2020 Schedule A, Part II, line 14	15	98.18%

16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this b and stop here. The organization qualifies as a publicly supported organization.	ox ► X
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------

b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.....

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

0.

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						
Calend	dar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			1.5		- Paga Pangaha	- Andrews
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge			·			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						-
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul			ing 12 golumn (A	N		%
	Public support percentage for 20 Public support percentage from 20						
	tion D. Computation of Inv	A Company of the Comp	AND THE PERSON NAMED OF TH			10	.0
					ump (fl)		%
17	Investment income percentage for investment			5	2000	5.1.1 t. (1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
18 19a	33-1/3% support tests—2021. If the					arrana amonto como tributa de la como de la	
	is not more than 33-1/3%, check 33-1/3% support tests—2020. If t	this box and sto	op here. The organ	nization qualifies a	as a publicly supp	orted organization	
	line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ualifies as a public	cly supported organ	nization ▶ 📗

Part IV | Supporting Organizations

(Complete only if you checked a box in 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. A	All Supporting	Organizations
--------------	----------------	----------------------

		AND THE PROPERTY OF THE PROPER	-		7 100
				Yes	No
	1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	5	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3a [Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	S	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
		Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) ourposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
	4a V	Nas any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	C	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	S	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	5	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b T	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c S	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	e wee	
	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			
	t	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		S 41-51
	(Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
		Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8	Market I	
	6	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 .	9a		
	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.	9b		
	6	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.	9с		
1	(Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
	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.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Hac t	the organization accounted a gift or countribution from any of the following paragraph		Yes	No
	a A pers	the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		o 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		
Sec	uon E	B. Type I Supporting Organizations		V	N-
1	or mo office organ than o were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one per supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers to the tax year.	1	Yes	No
2	Did th that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
i	organ year,	tion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the tion's governing documents in effect on the date of notification, to the extent not previously provided?			
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tim	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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.			
		The organization is the parent of each of its supported organizations. Complete line 3 below.			
	\exists	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
		,, , , , , , , , , , , , , , , , , , ,			
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
i	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
i	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the constant for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Paren	nt of Supported Organizations. Answer lines 3a and 3b below.	000		
i	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
ı	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	er de la company	
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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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 inte (see instructions).	grated	Type III supporting or	ganization

	edule A (Form 990) 2021 PICKLE HILL PUBLIC B	ROADCASTING, I		2-010	0717 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	s,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ions	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
Ł	From 2017				
•	From 2018				
	From 2019			Cirkin,	
	From 2020			= 100	
	f Total of lines 3a through 3e				
- (Applied to underdistributions of prior years				
H	Applied to 2021 distributable amount				
-	i Carryover from 2016 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			Market 1	
4	Distributions for 2021 from Section D, line 7:				
- 2	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			NY (YEA)	
8	Breakdown of line 7:			The same	
	a Excess from 2017				
_	b Excess from 2018				
	Excess from 2019			N. S. C.	

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d Excess from 2020..... e Excess from 2021.....

Schedule A (Form 990) 2021

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Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
MISC INCOME TOTA	\$ 2,300	. \$ 2,300.	\$ 2,645.	\$ 2,455.	\$ 3,680.
	\$ 2,300	\$ 2,300.	\$ 2,645.	\$ 2,455.	\$ 3,680.