

2024

990

PUBLIC

DISCLOSURE

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ALL CLASSICAL PUBLIC MEDIA, INC.		D Employer identification number 93-1042868
	Doing business as		E Telephone number 503-943-5828
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 10,692,767.
	222 SW COLUMBIA ST. STE 300		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97201		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: FRED CHILD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: HTTPS://WWW.ALLCLASSICAL.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1991
M State of legal domicile: OR			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CLASSICAL MUSIC RADIO STATION SERVING LISTENERS IN OREGON AND WASHINGTON; AND GLOBALLY ONLINE.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,321,092.	Current Year 8,480,071.
	9 Program service revenue (Part VIII, line 2g)	42,533.	36,725.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	164,865.	287,312.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,431.	37,774.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,574,921.	8,841,882.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,825,892.	2,931,988.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,765,625.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,079,635.	3,518,660.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,905,527.	6,450,648.	
19 Revenue less expenses. Subtract line 18 from line 12	3,669,394.	2,391,234.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 35,262,607.	End of Year 32,703,900.
	21 Total liabilities (Part X, line 26)	17,544,655.	12,432,162.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,717,952.	20,271,738.

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.

Sign Here	Signature of officer		Date		
	FRED CHILD, CHIEF EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name	ALDRICH CPAS AND ADVISORS, LLP	05/11/26		
Firm's address			Firm's EIN		
1903 WRIGHT PLACE, #180 CARLSBAD, CA 92008			Phone no. (760) 431-8440		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ADVANCE KNOWLEDGE OF AND APPRECIATION FOR CLASSICAL MUSIC; TO BUILD AND SUSTAIN CULTURALLY VIBRANT COMMUNITIES AROUND THE ARTS; AND TO REFLECT THE SPIRIT OF THE PACIFIC NORTHWEST WITH INNOVATIVE AND HIGH-QUALITY PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,362,088. including grants of \$) (Revenue \$ 36,725.) PROGRAMMING AND PRODUCTION: ALL CLASSICAL RADIO (ACR) IS A RARE NONCOMMERCIAL, NOTFORPROFIT, INDEPENDENT, CLASSICAL MUSIC AND ARTS AND CULTURE FORMATTED RADIO STATION ORIGINATING FROM KQAC 89.9 IN PORTLAND, OREGON, WITH REPEATER STATIONS BROADCASTING FROM THE COLUMBIA GORGE TO THE OREGON COAST, AND STREAMING WORLDWIDE AT ALLCLASSICAL.ORG 24 HOURS A DAY. ALL CLASSICAL RADIO BROADCASTS LOCALLY AND NATIONALLY SYNDICATED CLASSICAL MUSIC PROGRAMMING TO AS MANY AS NEARLY 250,000 REGULAR REGIONAL FM LISTENERS ALONE (SOURCE: NIELSEN AUDIO), AND TO THOUSANDS OF LISTENERS WHO ACCESS OUR ONLINE STREAM AND MOBILE APP EACH MONTH, REPRESENTING 50 STATES IN THE USA AND OVER 100 COUNTRIES.

4b (Code:) (Expenses \$ 1,389,486. including grants of \$) (Revenue \$) PLATFORMS/INCREASED CAPACITY: ALL CLASSICAL RADIO HAS FOCUSED ON THE NEXT CHAPTER OF THE ORGANIZATION THROUGH A ROBUST CAPITAL CAMPAIGN AND THE BUILDING OF NEW HEADQUARTERS AT KOIN TOWER IN DOWNTOWN PORTLAND. THIS COMPREHENSIVE MEDIA ARTS CENTER WAS CAREFULLY DESIGNED AND DEVELOPED TO REALIZE THE STATION'S VISION AND STRATEGIC GOALS AND TO EMPOWER ALL CLASSICAL RADIO TO GROW ITS SERVICE AND IMPACT, STIMULATE THE ECONOMY, AND HELP LEAD URBAN REJUVENATION IN DOWNTOWN PORTLAND THROUGH THE ARTS. AN \$11.5 MILLION CAPITAL CAMPAIGN BEGAN IN MAY 2023, AND IN AUGUST 2025, ALL CLASSICAL SUCCESSFULLY REACHED THE CAPITAL CAMPAIGN FUNDRAISING GOAL.

4c (Code:) (Expenses \$ 310,433. including grants of \$) (Revenue \$) MARKETING AND COMMUNITY ENGAGEMENT: BUILDING ON THE MOMENTUM OF THE STATION'S 40TH ANNIVERSARY IN FY24 AND THE COMPLETION OF CONSTRUCTION OF THE MEDIA ARTS CENTER AT KOIN TOWER, ALL CLASSICAL HOSTED A VARIETY OF EVENTS TO CELEBRATE THE RADIO STATION'S NEW HOME AND FRESH OPPORTUNITIES FOR COMMUNITY ENGAGEMENT, INCLUDING: NOVEMBER 2024: THE OFFICIAL OPENING OF THE IRVING LEVIN PERFORMANCE HALL WITH RIBBON CUTTING AND INAUGURAL CONCERT. DECEMBER 2024: GRAND OPENING OPEN HOUSE WHERE NEARLY 300 COMMUNITY MEMBERS WERE WELCOMED FOR TOURS AND UNIQUE PERFORMANCES. THE CELEBRATION INCLUDED A PROCLAMATION BY PORTLAND METRO CHAMBER DESIGNATING DECEMBER 8, 2024, AS "ALL CLASSICAL RADIO GRAND OPENING DAY."

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,062,007.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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 to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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 taxable entity during the year? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
FRED CHILD - 503-943-5828
222 SW COLUMBIA ST, STE 300, PORTLAND, OR 97201

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE NANCE CEO	40.00			X			351,118.	0.	24,287.	
(2) ERIC BEHNY DIRECTOR OF CORPORATE	40.00				X		172,922.	0.	27,981.	
(3) MATT KOVICH COO	40.00			X			159,493.	0.	23,421.	
(4) MIKE ALSTON DIRECTOR OF ENGINEERING & TECHNOLOGY	40.00				X		118,330.	0.	26,512.	
(5) ALLISON FULLER DIRECTOR OF DEVELOPMENT & MARKETING	40.00				X		100,032.	0.	29,393.	
(6) FRED CHILD, DEFACTO OFFICER CEO START 1/2/2026	0.00			X			0.	0.	0.	
(7) SUSAN NIELSEN SECRETARY	1.00	X		X			0.	0.	0.	
(8) SARAH ROBINSON TREASURER	1.00	X		X			0.	0.	0.	
(9) ISAAC MONTES VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) ELAINE DURST CHAIR	1.00	X		X			0.	0.	0.	
(11) RICK SIMPSON DIRECTOR	1.00	X					0.	0.	0.	
(12) OLIVIA KINGSLEY DIRECTOR	1.00	X					0.	0.	0.	
(13) JOAN KINGSLEY DIRECTOR	1.00	X					0.	0.	0.	
(14) NANCY IVES DIRECTOR	1.00	X					0.	0.	0.	
(15) GREG ARNTSON DIRECTOR	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	359,481.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,120,590.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 883,875.			
	h	Total. Add lines 1a-1f		8,480,071.			
Program Service Revenue	2 a	PROGRAM INCOME	Business Code				
			516100	36,725.	36,725.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		36,725.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		251,876.		251,876.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		31.		31.	
	6 a	Gross rents	(i) Real	34,156.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	34,156.			
	d	Net rental income or (loss)		34,156.		34,156.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,867,928.	12,500.		
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	1,844,992.	0.		
	c	Gain or (loss)	7c	22,936.	12,500.		
	d	Net gain or (loss)		35,436.		35,436.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		9,480.				
b	Less: cost of goods sold	10b	5,893.				
c	Net income or (loss) from sales of inventory		3,587.		3,587.		
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		8,841,882.	36,725.	0.	325,086.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	646,643.	221,029.	200,764.	224,850.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,674,631.	1,223,134.		451,497.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,027.	20,190.	12,088.	4,749.
9 Other employee benefits	379,197.	242,283.	51,352.	85,562.
10 Payroll taxes	194,490.	115,304.	37,977.	41,209.
11 Fees for services (nonemployees):				
a Management				
b Legal	156,218.	107,872.	20,168.	28,178.
c Accounting	69,287.	35,458.	23,079.	10,750.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,161.		14,161.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	228,221.	140,265.	6,423.	81,533.
12 Advertising and promotion	150,468.	91,072.		59,396.
13 Office expenses	341,733.	232,849.	6,331.	102,553.
14 Information technology				
15 Royalties				
16 Occupancy	1,010,828.	804,865.	139,331.	66,632.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	59,926.	16,013.	26,899.	17,014.
20 Interest	207,092.			207,092.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	728,490.	645,358.	55,507.	27,625.
23 Insurance	72,298.	50,262.	15,118.	6,918.
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.)				
a DONOR CULTIVATION	156,923.	1,800.	0.	155,123.
b PRINTING AND MAILING	110,198.	22,688.	1,912.	85,598.
c MISCELLANEOUS	84,357.	45,561.	9,060.	29,736.
d BANK CHARGES	80,844.	0.	1,625.	79,219.
e All other expenses	47,616.	46,004.	1,221.	391.
25 Total functional expenses. Add lines 1 through 24e	6,450,648.	4,062,007.	623,016.	1,765,625.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,995,960.	1	1,878,834.
	2 Savings and temporary cash investments	524,427.	2	355,921.
	3 Pledges and grants receivable, net	2,968,318.	3	1,510,963.
	4 Accounts receivable, net	93,513.	4	218,795.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	476,932.	9	254,176.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,374,483.		
	b Less: accumulated depreciation	10b 4,432,424.	10c	10,942,059.
	11 Investments - publicly traded securities	3,061,943.	11	2,874,443.
	12 Investments - other securities. See Part IV, line 11		12	23,090.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	144,211.	14	144,211.
	15 Other assets. See Part IV, line 11	24,371,209.	15	14,501,408.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,262,607.	16	32,703,900.	
Liabilities	17 Accounts payable and accrued expenses	316,113.	17	298,852.
	18 Grants payable		18	
	19 Deferred revenue	46,751.	19	32,485.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,942,999.	23	1,453,416.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,238,792.	25	10,647,409.
	26 Total liabilities. Add lines 17 through 25	17,544,655.	26	12,432,162.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,581,581.	27	18,577,796.
	28 Net assets with donor restrictions	136,371.	28	1,693,942.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,717,952.	32	20,271,738.
33 Total liabilities and net assets/fund balances	35,262,607.	33	32,703,900.	

Part 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	8,841,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,450,648.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,391,234.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,717,952.
5	Net unrealized gains (losses) on investments	5	162,552.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,271,738.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 _____		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2024

Open to Public Inspection

Name of the organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
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Part I 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).**
- 4 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4329627.	3908541.	5130919.	8630093.	8480071.	30479251.
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	4329627.	3908541.	5130919.	8630093.	8480071.	30479251.
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)						177,069.
6 Public support. Subtract line 5 from line 4.						30302182.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4329627.	3908541.	5130919.	8630093.	8480071.	30479251.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64,428.	33,667.	62,522.	164,865.	286,063.	611,545.
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.)	49,516.	48,713.	46,821.	46,431.		191,481.
11 Total support. Add lines 7 through 10						31282277.
12 Gross receipts from related activities, etc. (see instructions)					12	2,499,405.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	96.87 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.85 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete 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	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 (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

ALL CLASSICAL PUBLIC MEDIA, INC.

93-1042868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>505,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>502,715.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>400,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>359,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 292,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PUBLCY TRADED STOCK _____ _____ _____	\$ <u>250,076.</u>	_____
<u>2</u>	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>502,715.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number (EIN) 93-1042868
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	9,400.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,152.													
c Total lobbying expenditures (add lines 1a and 1b)	14,552.													
d Other exempt purpose expenditures	6,436,096.													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,450,648.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	472,532.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	118,133.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	356,934.	394,553.	445,276.	472,532.	1,669,295.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,503,943.
c Total lobbying expenditures				14,552.	14,552.
d Grassroots nontaxable amount	89,234.	98,638.	111,319.	118,133.	417,324.
e Grassroots ceiling amount (150% of line 2d, column (e))					625,986.
f Grassroots lobbying expenditures				9,400.	9,400.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, rallies, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover of lobbying and political campaign activity.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, aggregate amount reported, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ALL CLASSICAL PUBLIC MEDIA, INC.

Employer identification number

93-1042868

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 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)?

Yes No

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

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

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

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

2 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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,735,864.	1,585,750.	1,038,681.	1,070,351.	782,685.
b Contributions		36,437.	478,561.	102,539.	166,256.
c Net investment earnings, gains, and losses	187,224.	161,169.	115,688.	-110,950.	139,322.
d Grants or scholarships					
e Other expenditures for facilities and programs	55,909.	47,492.	47,180.	23,259.	17,912.
f Administrative expenses					
g End of year balance	1,867,179.	1,735,864.	1,585,750.	1,038,681.	1,070,351.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 93.0000 %
- b** Permanent endowment 5.0000 %
- c** Term endowment 2.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,258,263.	390,362.	8,867,901.
d Equipment		6,116,220.	4,042,062.	2,074,158.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,942,059.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	449,118.
(2) BROADCAST LICENSES	5,687,113.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	8,365,177.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,501,408.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	10,647,409.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,647,409.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	9,163,214.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 162,552.		
b	Donated services and use of facilities	2b 172,941.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	335,493.
3	Subtract line 2e from line 1		3	8,827,721.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 14,161.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	14,161.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,841,882.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	6,609,428.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 172,941.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	172,941.
3	Subtract line 2e from line 1		3	6,436,487.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 14,161.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	14,161.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,450,648.

Part XIII Supplemental Information

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

PART V, LINE 4:

TO PROVIDE ADDITIONAL LONG-TERM FINANCIAL SECURITY FOR ALL CLASSICAL PUBLIC MEDIA, INC.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS ADDRESSED IN THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION, WHEN APPLICABLE. THERE ARE NO AMOUNTS ACCRUED IN THE FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2025.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **ALL CLASSICAL PUBLIC MEDIA, INC.** Employer identification number **93-1042868**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUZANNE NANCE CEO	(i)	278,038.	67,980.	5,100.	17,387.	6,900.	375,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC BEHNY DIRECTOR OF CORPORATE	(i)	31,425.	141,497.	0.	24,498.	3,483.	200,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATT KOVICH COO	(i)	118,237.	41,256.	0.	20,167.	3,254.	182,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

CEO BONUS IS DETERMINED BY THE BOARD OF DIRECTORS. BONUSES WERE PAID FOR ALL OTHER KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES.

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **ALL CLASSICAL PUBLIC MEDIA, INC.**
Employer identification number: **93-1042868**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	67	58,139.	
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	818,218.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER IN-KIND)	X	4	7,518.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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 **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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 contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 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.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, LINE 32B:

THE ORGANIZATION UTILIZES CARS (CHARITABLE ADULT RIDES & SERVICES) AS A THIRD-PARTY ENTITY TO PROCESS AND FACILITATE NON-CASH CONTRIBUTIONS, SPECIFICALLY VEHICLE DONATIONS. CARS MANAGES THE SOLICITATION, PROCESSING, SALE, AND RELATED ADMINISTRATIVE FUNCTIONS FOR DONATED VEHICLES ON BEHALF OF THE ORGANIZATION.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ALL CLASSICAL PUBLIC MEDIA, INC.

Employer identification number

93-1042868

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL CLASSICAL RADIO PROVIDES DAILY PROGRAMMING THAT IS 98% LOCALLY PRODUCED, CURATED FOR THE COMMUNITY, AND AVAILABLE TO THE WORLD. PROGRAMS DEMONSTRATE THE STATION'S MISSION TO BUILD CULTURAL COMMUNITY, FEATURING LOCAL, REGIONAL, AND TOURING MUSICIANS ON "THURSDAYS @ THREE" (NEARLY 65 PERFORMANCES ON 45 SHOWS IN FY25) AND WEEKLY BROADCASTS OF CONCERTS PREVIOUSLY RECORDED IN OREGON AND SOUTHWEST WASHINGTON ON "PLAYED IN OREGON." FY25 WAS THE 10YEAR ANNIVERSARY OF "THURSDAYS @ THREE," AND SUMMER 2024 INCLUDED SPECIAL EPISODES CELEBRATING SOME OF THE ORIGINAL PERFORMERS ON THE SHOW.

ALL CLASSICAL RADIO AIRS FIVE ANNUAL BROADCASTS OF OREGON SYMPHONY PERFORMANCES, PROGRAMS CONTAINING HISTORICAL AND CONTEXTUAL INFORMATION ABOUT COMPOSITIONS AND COMPOSERS, AND NEWS ABOUT LOCAL ARTS ORGANIZATIONS. IN FY25, ALL CLASSICAL AND THE SYMPHONY DEEPENED THEIR PARTNERSHIP THROUGH THREE SPECIAL PROJECTS:

JANUARY 2025: ALL CLASSICAL RADIO PRESENTED OREGON SYMPHONY'S DAY OF BEETHOVEN EVENT FEATURING YOUTH AND PROFESSIONAL PERFORMERS IN RECITAL PERFORMING CHAMBER MUSIC, AND A PANEL DISCUSSION WITH DR. LARRY SHERMAN, OREGON SYMPHONY MUSIC DIRECTOR DAVID DANZMAYR, AND AMANDA GRIMM, MODERATED BY ACR'S CHRISTA WESSEL. THIS FREE PUBLIC CONCERT AND EDUCATIONAL PROGRAM WAS ONE OF THE FIRST PUBLIC EVENTS IN ACR'S NEW IRVING LEVIN PERFORMANCE HALL.

FEBRUARY 2025: ICAN RADIO PRODUCED AND RELEASED A SPECIAL EDITION BROADCAST OF THE OREGON SYMPHONY'S YOUNG PEOPLE'S CONCERT: THE NATURE OF MUSIC. THE PROGRAM WAS HOSTED BY OREGON SYMPHONY'S ASSOCIATE CONDUCTOR DEANNA THAM AND STUDENT CO HOST AMIR AVSKER, A FORMER YOUNG ARTIST IN RESIDENCE AT ALL CLASSICAL RADIO AND ICAN. THIS BROADCAST EDITION WAS A PERFECT COMPLEMENT TO PREPARE YOUNG PEOPLE FOR CONCERT ATTENDANCE AND GIVE TEACHERS AND FAMILIES THE OPPORTUNITY TO EXPERIENCE LIVE PERFORMANCE AND LEARN ABOUT CLASSICAL MUSIC FROM ANYWHERE IN THE WORLD.

JUNE 2025: ALL CLASSICAL RADIO PROUDLY PRESENTED A VERY SPECIAL LIVE BROADCAST FROM DOWNTOWN PORTLAND, INVITING LISTENERS LOCALLY AND AROUND THE WORLD TO EXPERIENCE A HISTORIC BROADCAST OF NANCY IVES' CELILO FALLS, PERFORMED BY THE OREGON SYMPHONY UNDER THE DIRECTION OF DAVID DANZMAYR. CELILO FALLS IS A MULTIMEDIA MUSICAL EXPERIENCE COMPOSED IN COLLABORATION WITH INDIGENOUS STORYTELLER ED EDMO AND NATIVE AMERICAN PHOTOGRAPHER JOE CANTRELL. THIS WORK DEPICTS THE HISTORY OF CELILO FALLS AND THE NATIVE COMMUNITIES WHO HAVE LIVED THERE FOR MILLENNIA.

ONGOING SPECIALTY PROGRAMS INCLUDE "CLUB MOD," FOCUSING ON THE MUSIC OF LIVING COMPOSERS, AND "SUNDAY BRUNCH," EXPLORING CULTURES THROUGH DELICIOUS MUSIC. IN ADDITION, ACR PRODUCES A WEEKLY ARTS ROUND UP SEGMENT CALLED "NORTHWEST PREVIEWS" AND NATIONALLY SYNDICATES THE SCORE, A RADIO SHOW ABOUT FILM MUSIC.

ALL CLASSICAL RADIO CREATED A NEW SUMMER SERIES CALLED "SOUND IN PRINT"

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
ALL CLASSICAL PUBLIC MEDIA, INC.	93-1042868

IN 2024 TO HIGHLIGHT THE INTERSECTION OF LITERATURE AND MUSIC. ANOTHER NEW SHOW, "NEW AT NOON," LAUNCHED IN APRIL 2025. EVERY WEEKDAY AT 12:00 P.M. PT, ALL CLASSICAL RADIO'S NEW AT NOON FEATURE BROADCASTS NEW RECORDINGS NEVER BEFORE HEARD ON ACR, INCLUDING NEW INTERPRETATIONS OF BELOVED FAVORITES AND RISING STARS IN CLASSICAL MUSIC.

IN APRIL 2019, ALL CLASSICAL RADIO LAUNCHED A NEW RADIO CHANNEL FOR CHILDREN, THE INTERNATIONAL CHILDREN'S ARTS NETWORK (ICAN). ICAN BROADCASTS 24 HOURS A DAY WITH CONTENT CREATED SPECIFICALLY FOR YOUNG PEOPLE AND THOSE WHO CARE FOR AND EDUCATE THEM. ICAN RADIO CONTINUES TO GROW IN LISTENERSHIP, WITH WEBSITE VISITS AND STREAMING LISTENERSHIP INCREASING STEADILY YEAR OVER YEAR. THE SERVICE IS USED BY PARENTS AND TEACHERS TO SUPPLEMENT LEARNING OPPORTUNITIES BOTH IN AND OUT OF THE CLASSROOM. ICAN IS A COMMERCIALFREE NETWORK AVAILABLE ON ALL CLASSICAL RADIO'S HD2 CHANNELS, ONLINE AT ICANRADIO.ORG, AND VIA THE FREE ALL CLASSICAL RADIO APP. IT IS DESIGNED TO EDUCATE, STIMULATE CREATIVITY AND PLAYFULNESS, ENCOURAGE HEALTHY CHILDHOOD DEVELOPMENT, AWAKEN THE IMAGINATION, PROMOTE EMOTIONAL AND SOCIAL LITERACY, AND FOSTER CROSSCULTURAL AWARENESS.

ICAN'S MUSICAL PROGRAMMING TAKES A UNIQUE AND PLAYFUL APPROACH TO THE CLASSICAL CANON TO HIGHLIGHT TRADITIONS FROM AROUND THE GLOBE, PROVIDING CHILDREN WITH AN ENTRY POINT TO LEARNING ABOUT WORLD CULTURES AND TRADITIONS THROUGH MUSIC AND LITERATURE. DAILY PROGRAMMING CONSISTS OF STORYTELLING AND POETRY SHARED WITH MUSIC, IMAGINED ADVENTURES IN CHILDREN'S OWN VOICES, AND A BEDTIME HOUR FEATURING SOUNDS OF THE PACIFIC NORTHWEST (WIND, OCEAN, BUGS, ETC.) PAIRED WITH LULLABIES FROM AROUND THE GLOBE.

A NEW PROGRAM DEVELOPED IN 2023, ICAN BECOME, NOW IN ITS FOURTH SEASON, GIVES CHILDREN THE OPPORTUNITY TO EXPLORE THEIR CURIOSITY ABOUT DIFFERENT PROFESSIONS BY INTERVIEWING EXPERTS IN THE FIELDS THEY WANT TO PURSUE AS CAREERS. SEASON 4 EXPERTS INCLUDED A ZOOLOGIST, A LIBRARIAN, AND MORE. MANY SHOWS ON ICAN FEATURE THE VOICES OF THE STATION'S YOUNG ARTISTS IN RESIDENCE, YOUNG ARTIST AMBASSADORS, AND OTHER YOUTH CONTRIBUTORS. ICAN UNIQUELY FEATURES YOUTH VOICES IN ITS PROGRAMMING, WELCOMING CHILDREN AGES FOUR AND UP TO HOST INTERVIEWS, PERFORM, AND PRODUCE RADIO CONTENT. SINCE MOVING INTO THE HEART OF PORTLAND IN THE SUMMER OF 2024, YOUNG REPORTERS AND MUSICIANS HAVE SPENT OVER 100 HOURS IN ICAN'S MOONFLOWER STUDIO, HELPING TO AMPLIFY THE STORIES OF THE COMMUNITY.

IN FY25, ICAN REMAINED AN UNMATCHED RESOURCE FOR MORE THAN 30,000 EDUCATORS, GUARDIANS, AND FAMILIES. IN FEBRUARY 2025, ICAN WON THE PRESTIGIOUS SCHNITZER WONDER AWARD, PRESENTED EACH YEAR BY THE OREGON SYMPHONY TO RECOGNIZE AN ORGANIZATION EXCELLING IN YOUTH MENTORSHIP AND EDUCATION, COLLABORATING WITH YOUNG ARTISTS AND STUDENTS, AND CONTRIBUTING TO A VIBRANT MUSIC AND ARTS COMMUNITY.

ALL CLASSICAL RADIO'S RECORDING INCLUSIVITY INITIATIVE (RII) SAW THE CREATION OF BRANDNEW PARTNERSHIPS WITH LOCAL AND NATIONAL ORGANIZATIONS, WORKING WITH THE STATION TO LEAD CHANGE IN THE INDUSTRY BY ADVANCING REPRESENTATION ON THE AIRWAVES. ALL CLASSICAL RADIO HAS DISTRIBUTED MULTIPLE RECORDINGS INTERNATIONALLY THROUGH ITS PARTNERSHIP WITH NAVONA RECORD LABEL, INCLUDING THE SECOND ALBUM OF THE INITIATIVE, ELEVATE, RELEASED IN APRIL 2024.

Name of the organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 ALL CLASSICAL RADIO CONTINUES TO INCREASE LISTENERSHIP AND DIGITAL STREAMING, AS WELL AS EXPANDING INPERSON, LIVE EVENTS FOR THE COMMUNITY AND ARTS PARTNERS IN THE IRVING LEVIN PERFORMANCE HALL AND JAMES DEPREIST RECORDING STUDIO, BOTH OF WHICH OPENED IN FY25 IN THE NEW MEDIA ARTS CENTER.

ONLINE STREAMING DATA INDICATES STEADILY INCREASING LISTENERSHIP FOR ACR'S SECOND NETWORK, ICAN. QUANTITATIVE DATA FOR ICAN IS BASED ON ONLINE STREAMING METRICS, SHOWING THAT ONLINE LISTENERSHIP HAS GROWN SIGNIFICANTLY SINCE THE NETWORK'S LAUNCH. PARENTS AND TEACHERS USE ICAN TO SUPPLEMENT LEARNING OPPORTUNITIES AND INCORPORATE ARTS AND CULTURAL PROGRAMMING INTO THEIR CURRICULUM. FY25 SAW A NEARLY 300% INCREASE IN USERS ACCESSING THE "ONDEMAND" PROGRAM PAGE AT ICANRADIO.ORG AND A 258% INCREASE YEAR OVER YEAR IN PEOPLE PLAYING THE ICAN RADIO STREAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL CLASSICAL ALSO HOSTED A SPECIAL LIMITED INPERSON INTERVIEW WITH RENOWNED VIOLINIST ITZHAK PERLMAN IN NOVEMBER 2024, ONE OF THE FIRST LIVE EVENTS IN THE IRVING LEVIN PERFORMANCE HALL.

THE STATION ENGAGES OVER 10,000 PEOPLE WEEKLY VIA SOCIAL MEDIA AND OVER 35,000 PEOPLE THROUGH A BIWEEKLY ENEWSLETTER. IN FY25, SOCIAL MEDIA USERS GREW ACROSS MOST PLATFORMS, WITH INCREASED FOLLOWERSHIP YEAR OVER YEAR ON INSTAGRAM (11%), YOUTUBE (19%), AND LINKEDIN (23%). ACTIVITY WITH THE PUBLIC ON FACEBOOK SAW SIGNIFICANT GROWTH, WITH A NEARLY 800% INCREASE IN ENGAGEMENT ON THAT PLATFORM YEAR OVER YEAR. THE WEBSITE PROVIDES AN UPTOTHEMINUTE RESOURCE ABOUT PROGRAMMING AND HIGHLIGHTS EDUCATIONAL INFORMATION. THERE IS ALSO A FREE ONLINE CULTURAL EVENTS CALENDAR WITH A WIDE ARRAY OF LISTINGS AND HIGHLIGHTS OF KEY CULTURAL EVENTS SPONSORED AND SUPPORTED BY THE STATION. THE WEBSITE ALSO OFFERS ARCHIVED ORIGINAL PROGRAMS FOR ONDEMAND LISTENING.

STATION INITIATIVES INCLUDE:
 ARTIST IN RESIDENCE (AIR) PROGRAM, STARTED IN 2019. AIR IS DESIGNED TO FOSTER CREATIVE AND PROFESSIONAL GROWTH FOR YOUNG, EMERGING, AND ESTABLISHED PERFORMING ARTISTS. RESIDENTS HAVE ACCESS TO ALL CLASSICAL RADIO'S WORLD CLASS FACILITIES AND STUDIOS AND ARE OFFERED ON AIR AND REGIONAL PERFORMANCE OPPORTUNITIES, INCLUDING APPEARANCES ON RADIO PROGRAMS, AT STATION EVENTS AND CONCERTS, AND ON SPECIAL BROADCASTS. RESIDENTS ARE ENCOURAGED TO PURSUE ARTISTIC RESEARCH PROJECTS AND TO PUBLISH RELATED ARTICLES ABOUT THEIR WORK AND FINDINGS THROUGH ALL CLASSICAL RADIO'S WIDE REACHING PLATFORMS. RESIDENTS RECEIVE A SCHOLARSHIP AWARD TO ASSIST IN THEIR CREATIVE PROJECTS, PERFORMANCES, AND/OR CONTINUED STUDIES. THE RESIDENCY ENCOURAGES ARTISTS TO PURSUE NEW PROJECTS AND IDEAS, TAKE CREATIVE RISKS, AND EQUITABLY SUPPORTS LOCAL PERFORMERS AND COMPOSERS. IN 2021, ALL CLASSICAL RADIO ADDED RESIDENCIES FOR COMPOSERS, AND IN 2022, THE PROGRAM WAS EXPANDED TO INCLUDE A NEW ROLE FOR YOUNG ARTIST AMBASSADORS.

2024/2025 ARTISTS IN RESIDENCE WERE VIOLINIST EMILY COLE AND CLARINETIST JAMES SHIELDS, A MARRIED DUO WHO FREQUENTLY PERFORM TOGETHER. NAMING TWO AIRS AT THE SAME TIME WAS A FIRST FOR THE STATION. YOUNG ARTIST IN RESIDENCE ELAINA STUPLER, TROMBONIST, SINGER, AND COMPOSER, EXTENDED HER RESIDENCY, WRAPPING UP IN JUNE 2025. ALONG WITH

Name of the organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
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OTHER PERFORMANCES AND PROJECTS, ALL RESIDENTS APPEARED ON THE STATION'S LIVE SHOW THURSDAYS @ THREE, AND YOUNG ARTIST ELAINA PERFORMED AN ENTIRE SHOW OF HER OWN COMPOSITIONS, FURTHER HIGHLIGHTING THE OPPORTUNITIES YOUNG AND PROFESSIONAL MUSICIANS HAVE AS RESIDENT ARTISTS.

ARTIST ANTHOLOGY IS A GROUNDBREAKING COLLECTION OF MORE THAN 40 OF THE PACIFIC NORTHWEST'S TRAILBLAZING CONTEMPORARY ARTISTS THE CULTURE BEARERS OF THIS REGION'S THRIVING ARTS COMMUNITY. SUPPORTED IN PART BY A GRANT FROM THE NEA, ALL CLASSICAL'S ARTIST ANTHOLOGY PRESENTS A SNAPSHOT OF THE ARTISTIC OUTPUT OF OUR TIME BY AMPLIFYING REGIONAL CONTEMPORARY ARTISTS, WITH PROFILES PENNED BY NOTABLE NORTHWEST WRITERS AND PORTRAITS BY PROMINENT LOCAL PHOTOGRAPHERS. EACH FEATURED ARTIST REPRESENTS A UNIQUE MEDIUM AND PERSPECTIVE. THE LIMITED EDITION BOOK, FEATURING IN DEPTH BIOGRAPHICAL FEATURES PLUS ADDITIONAL EXCLUSIVE CONTENT, WAS RELEASED IN MAY 2025.

ACCESS RECORDING PROJECT IS A FIRST OF ITS KIND INITIATIVE INVITING PACIFIC NORTHWEST ARTISTS TO MAKE USE OF THE STATION'S IRVING LEVIN PERFORMANCE HALL AND JAMES DEPREIST RECORDING STUDIO TO DEVELOP CREATIVE PROJECTS AND ADVANCE THEIR CAREERS, AT NO COST. WITH FUNDING FROM THE OREGON CULTURAL TRUST, THE PROJECT WAS LAUNCHED IN LATE FY25 THROUGH AN OPEN APPLICATION PROCESS. A COMMUNITY PANEL EVALUATED APPLICATIONS AND SELECTED THREE RECIPIENTS, WHOSE RECORDING PROJECTS ARE TO BE COMPLETED IN FY26.

THE STATION MAINTAINS AN ACTIVE VOLUNTEER AND INTERN PROGRAM. THESE PROGRAMS BOLSTER THE ORGANIZATION'S ENGAGEMENT WITH THE COMMUNITY AND PROVIDE TRAINING IN PUBLIC BROADCASTING. NEARLY 80 VOLUNTEERS REPRESENT THE STATION, AND AT LEAST FOUR INTERNS ARE SELECTED ANNUALLY.

OTHER FY25 COMMUNITY ENGAGEMENT ACTIVITIES INCLUDED:

OCTOBER 25, 2024: ALL CLASSICAL PASSED ON APPRECIATION FOR VOLUNTEERS WITH A SPECIAL THANK YOU EVENT FEATURING PERFORMANCES BY THE ARTISTS IN RESIDENCE AND TOURS OF THE NEWLY BUILT MEDIA ARTS CENTER.

FEBRUARY 10, 2025: ALL CLASSICAL RADIO AND ICAN WELCOMED A GROUP OF YOUNG PEOPLE FROM EXCEED OREGON (NOW PART OF ALBERTINA KERR) TO LEARN MORE ABOUT CAREERS IN RADIO.

APRIL 9, 2025: ALL CLASSICAL RADIO OPENED ITS DOORS FOR MORE THAN 50 STUDENTS FROM JUDSON MIDDLE SCHOOL IN SALEM. THE STUDENTS TOURED THE RADIO STUDIOS AND COMPLETED A Q&A WITH THE PRESIDENT & CEO AND DIRECTOR OF MUSIC AND PROGRAMMING TO LEARN MORE ABOUT RADIO PRODUCTION AND CAREER OPPORTUNITIES.

APRIL 16, 2025: ALL CLASSICAL RADIO JOINED WITH PORTLAND METRO CHAMBER TO HOST A "BUSINESS AFTER HOURS" NETWORKING EVENT IN THE PERFORMANCE HALL, PROVIDING AN OPPORTUNITY TO MEET BUSINESS NEIGHBORS AND POTENTIAL SPONSORS AND FURTHER DEMONSTRATE THE STATION'S COMMITMENT TO DOWNTOWN PORTLAND AS AN ACTIVE RESIDENT, ORGANIZATION, AND PARTNER.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. THE FINAL VERSION IS PRESENTED TO THE FULL BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE AN ANNUAL DISCLOSURE FORM FOR CONFLICTS OF INTEREST AND ARE REQUIRED TO RECUSE THEMSELVES FROM ANY BUSINESS THAT IS DEEMED A

Name of the organization ALL CLASSICAL PUBLIC MEDIA, INC.	Employer identification number 93-1042868
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CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:
 THE BOARD EVALUATES THE CEO'S COMPENSATION ANNUALLY AND THE CEO EVALUATES SENIOR STAFF COMPENSATION ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:
 ARTICLES OF INCORPORATION AND BYLAWS ARE IN THE PUBLIC FILE. ALL OTHERS ARE AVAILABLE UPON REQUEST.