# **Public Disclosure Copy**

# Form 990

### \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

### Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AF	or the 2	2022 calendar year, or tax year beginning JUL 1, 2022 and	ending JT	JN 30, 2023					
B C	heck if oplicable:	C Name of organization		D Employer ide	ntificati	on number			
	Address change	ROCKY MOUNTAIN PUBLIC MEDIA, INC.							
	Name change	Doing business as		84-0510	785				
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone nu	mber					
	Final return/	2101 ARAPAHOE STREET		(303) 892	-6666				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	ts \$ 28,487,745						
	Amendeo return	DENVER, CO 80205		H(a) Is this a gro	up returr	า			
	Applica-	F Name and address of principal officer: AMANDA MOUNTAIN		for subordin	ates?	Yes X No			
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordina	ates include	ed? Yes No			
<u>I</u> T	ax-exen	npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	lf "No," atta	ch a list.	See instructions			
	Vebsite			H(c) Group exem	· .				
		rganization: X Corporation Trust Association Other	L Year of	of formation: 1956	M St	ate of legal domicile: CO			
Ра		Summary							
e		riefly describe the organization's mission or most significant activities:	MOUNTAIN	PUBLIC MEDIA					
anc	E	KISTS TO STRENGTHEN THE CIVIC FABRIC OF COLORADO.							
Governance	<b>2</b> C	heck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its ne	t assets				
0Ve					3	24			
8 8		umber of independent voting members of the governing body (Part VI, line 1b)							
es		otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5 1					
iviti		otal number of volunteers (estimate if necessary)		6	389				
Activities &	7a ⊺o	otal unrelated business revenue from Part VIII, column (C), line 12	7a	234,387.					
	bΝ	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.			
				Prior Year 23,241,1		Current Year			
e		ontributions and grants (Part VIII, line 1h)		25,385,514.					
Revenue		rogram service revenue (Part VIII, line 2g)		310,1		489,503.			
Sev		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	796,9 3,2		1,222,008. -79,094.				
-		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,351,4		27,017,931.			
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0. 0.					
		enefits paid to or for members (Part IX, column (A), line 4)		0.					
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,026,6		10,767,186.				
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	571,5	21.	0.				
, b		otal fundraising expenses (Part IX, column (D), line 25) 5,367,	44 546 0		4.2				
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,546,0		13,238,330.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,144,2		24,005,516.				
		evenue less expenses. Subtract line 18 from line 12		3,207,2		3,012,415.			
s or nces			Rei	ginning of Current Y		End of Year			
Assets d Balanc	20 To	otal assets (Part X, line 16)		65,340,0		72,211,435.			
et A nd E		otal liabilities (Part X, line 26)	5,460,9		8,378,583.				
		et assets or fund balances. Subtract line 21 from line 20		59,879,1	00.	63,832,852.			
Га						and a dama and the Bart State			

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	Signature of off	icer		[	Date
Here	KARLA HANLO	N, COO			
	Type or print na	me and title			
	Print/Type prepa	arer's name	Preparer's signature	Date	Check PTIN
Paid	DORI J. EGG	ETT	DORI J. EGGETT	03/28/24	self-employed P00645252
Preparer	Firm's name	PLANTE & MORAN, PLLC		F	Firm's EIN 38–1357951
Use Only	Firm's address	8181 E TUFTS AVE, SUITE 6	00		
		DENVER, CO 80237		F	Phone no.303-740-9400
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions		X Yes No

Form	990 (2022) ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-0510785 Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: ROCKY MOUNTAIN PUBLIC MEDIA EXISTS TO STRENGTHEN THE CIVIC FABRIC OF	
	COLORADO.	
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
-	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	
4a		ue\$164,116.
	PROVIDE A DYNAMIC, MULTI-FACETED, PUBLIC TELECOMMUNICATIONS	
	SERVICE TO MEET THE CULTURAL, EDUCATIONAL, INFORMATIONAL AND ENTERTAINMENT NEEDS AND INTERESTS OF THE PEOPLE IT	
	SERVES.	
4b	(Code:) (Expenses \$2,945,281. including grants of \$) (Revenue	ue\$)
-10	THE OPERATION OF A PUBLIC RADIO STATION WITH COMMUNITY, CULTURE AND	je 5 )
	MUSIC PROGRAMMING SERVING A DIVERSE COMMUNITY.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4d	Other program services (Describe on Schedule O.)	
<u> </u>	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     14,953,349.	)
4e	Total program service expenses 14,953,349.	Form <b>990</b> (2022
232003	2 12-13-22	F0111 <b>500</b> (2022
	2	

ROCKY MOUNTAIN PUBLIC MEDIA, INC. Form 990 (2022) ROCKY MOUNTAIN PUR Part IV Checklist of Required Schedules

84-0510785 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
.0	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI and XII	12a		<u>x</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u> </u>		<u> </u>
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	Form	390	(2022)

232003 12-13-22

3

Form 990 (2022) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	x	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>.</u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Pa		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 78			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22	Form	990	(2022)
	4			

#### 15430328 147228 114786ZZ

	1990 (2022)	ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-051078	5	P	age <b>5</b>			
Par	rt V Statements R	egarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No			
2a	Enter the number of emp	loyees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year	ending with or within the year covered by this return	<b>2a</b> 135						
b	If at least one is reported	on line 2a, did the organization file all required federal employment tax return	ns?	2b	X X				
3a									
b									
4a	At any time during the ca	lendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a fore	eign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
b	If "Yes," enter the name of	of the foreign country							
	•	requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).						
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b		ify the organization that it was or is a party to a prohibited tax shelter transac		5b		X			
		lid the organization file Form 8886-T?		5c					
6a	Does the organization have	ve annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit						
	any contributions that we	re not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organizat	tion include with every solicitation an express statement that such contributi	ons or gifts						
	were not tax deductible?			6b					
7	Organizations that may	receive deductible contributions under section 170(c).							
а	Did the organization receive	a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х				
b	If "Yes," did the organizat	tion notify the donor of the value of the goods or services provided?		7b	Х				
с	Did the organization sell,	exchange, or otherwise dispose of tangible personal property for which it wa	as required						
	to file Form 8282?			7c		X			
d	If "Yes," indicate the num	ber of Forms 8282 filed during the year	7d						
е	Did the organization rece	ive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X			
f	Did the organization, duri	ng the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х			
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organization	ns maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization h	nave excess business holdings at any time during the year?		8					
9	Sponsoring organization	ns maintaining donor advised funds.							
а	1 0 0			9a					
b	Did the sponsoring organ	ization make a distribution to a donor, donor advisor, or related person? $\dots$		9b					
10	Section 501(c)(7) organi	zations. Enter:	1 1						
а	Initiation fees and capital	contributions included on Part VIII, line 12	10a						
b	Gross receipts, included	on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organ		1 1						
		pers or shareholders	11a						
b		sources. (Do not net amounts due or paid to other sources against							
		from them.)	11b						
12a	Section 4947(a)(1) non-e	exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
b		t of tax-exempt interest received or accrued during the year	12b						
13		ied nonprofit health insurance issuers.							
а	Is the organization license	ed to issue qualified health plans in more than one state?		13a					
	Note: See the instruction	s for additional information the organization must report on Schedule O.							
b		ves the organization is required to maintain by the states in which the	1 1						
		o issue qualified health plans	13b						
С		ves on hand	13c						
14a				14a		X			
		n 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15		t to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x			
	excess parachute payment(s) during the year?								
		ons and file Form 4720, Schedule N.				77			
16	-	ucational institution subject to the section 4968 excise tax on net investment	t income?	16		X			
_	If "Yes," complete Form 4								
17		nizations. Did the trust, or any disqualified or other person engage in any ac							
		nposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6	6069.		-	000				
232005	5 12-13-22			Form	990	(2022)			

Form	990 (2022) ROCKY MOUNTAIN PUBLIC MEDIA, INC. 84-05		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	24		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	1? <b>11a</b>	Х	
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>12</b> a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	<b>12c</b>		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>		
b	Other officers or key employees of the organization	15b	X	
	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>16a</b>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(	c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and finan	icial	
	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			
	KARLA HANLON - 303-892-6666			
	2101 ARAPAHOE STREET, DENVER, CO 80205		000	
232006	5 12-13-22	Form	n <b>990</b>	(2022)
~ ~ ~		Ta 1		4
.303	28 147228 114786ZZ 2022.05080 ROCKY MOUNTAIN PUBL	IC MEL	דד נ	.4/8

15430328 147228 1147862
-------------------------

<sup>6</sup>Z1

Form 990 (202)	2) ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-0510785	Page 1						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Ch	neck if Schedule O contains a response or note to any line in this Part VII								
Section A. O	fficers, 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.									

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)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position						Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation				
	week		cer an I	dad	irecto	r/trus <sup>.</sup> I	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	tional		vold	t con	_	1099-NEC)		and related organizations		
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) AMANDA MOUNTAIN	40.00	_	_									
PRESIDENT & CEO	0.50	х		х				304,866.	0.	17,702.		
(2) KARLA HANLON	40.00											
CHIEF OPERATING OFFICER	0.50			х				212,798.	0.	4,524.		
(3) KIRBY WITTEN-SMITH	40.00											
SENIOR DIRECTOR OF CORPORA						X		169,875.	0.	11,982.		
(4) KIM CLEMENSEN	40.00											
CHIEF OF DIVERSITY, EQUITY						X		169,587.	0.	10,077.		
(5) LINDA KOTSAFTIS	40.00											
CHIEF CONTENT OFFICER						X		166,282.	0.	11,478.		
(6) DENNIS DIAMOND	40.00											
VICE PRESIDENT OF CORPORAT						X		168,700.	0.	2,737.		
(7) KELLY FLINK	40.00											
VP, CREATIVE SERVICES						X		156,140.	0.	10,640.		
(8) COLLEEN ABDOULAH	4.00											
IMMEDITE PAST CHAIR		Х						0.	0.	0.		
(9) TIMOTHY HADDON	4.00											
SECRETARY, MEMBER-AT-LARGE		Х		Х				0.	0.	0.		
(10) ERIN MCILVAIN	4.00											
DIRECTOR		Х						0.	0.	0.		
(11) DUKE HARTMAN	4.00											
CHAIR OF THE BOARD		Х		Х				0.	0.	0.		
(12) LISA NEAL-GRAVES	4.00											
VICE-CHAIR		Х		Х				0.	0.	0.		
(13) JIM FOSTER	4.00											
CHAIR EMERITUS		Х		Х				0.	0.	0.		
(14) EVAN P. BANKER	4.00											
DIRECTOR		Х						0.	0.	0.		
(15) RAYLENE DECATUR	4.00											
DIRECTOR		Х						0.	0.	0.		
(16) SUSAN GREENBERG	4.00											
DIRECTOR		х						0.	0.	0.		
(17) BOB GREENE	4.00											
DIRECTOR		Х						0.	0.	0.		
000007 10 10 00										Earm <b>990</b> (2022)		

232007 12-13-22

Form 990 (2022)

#### 15430328 147228 114786ZZ

Form 990 (2022) ROCKY MOUNTAI	IN PUBLIC M	EDI	A, :	INC.	•				84-05	1078	<u>5</u>	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(do not check more than one					an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	ion amount			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orgai	ensat m the nization relate	e on ed
(18) TOM WHYTE DIRECTOR	4.00	x						0.		0.			0.
(19) ANDREA ARAGON	4.00												
DIRECTOR		х						0.		٥.			0.
(20) CHAD HOLLINGSWORTH	4.00												
DIRECTOR		х						0.		٥.			0.
(21) ADAM LIPSIUS	4.00												
DIRECTOR		х						0.		٥.			0.
(22) KATIE MACWILLIAMS	4.00												
DIRECTOR		х						0.		٥.			0.
(23) ALLAN SINGER	4.00												
DIRECTOR		х						0.		0.			0.
(24) CRAIG SMITH	4.00												
DIRECTOR		х						0.		0.			0.
(25) LUCILLE ECHOHAWK	4.00												•
DIRECTOR	4 00	х						0.		0.			0.
(26) CHRISTINE WOOLSEY 4.00 DIRECTOR X								0.		٥.			0
								1,348,248.		0.		69,1	0.
1b Subtotal c Total from continuation sheets to Part VI								1,340,240.		0.		05,1	0.
d Total (add lines 1b and 1c)								1,348,248.		0.		69 1	140.
2 Total number of individuals (including but no								, ,	000 of reportable			,-	
compensation from the organization													17
2 Did the experimetion list and former officer	director truct	I		male		~ ~ ~	hia	best componented small		ſ		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			•	•	-		Ŭ				3		х
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										····	3		
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors		001	01 00		/0/0	011					L		
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	ensat	ion fror	n	
the organization. Report compensation for t	he calendar ye	ear e	endin	ıg wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C)		
Name and business	address						_	Description of s	ervices	C	ompens	satior	1
CONTRIBUTOR DEVELOPMENT PARTNERSHIP													<b>64 -</b>
10 GUEST ST, 5TH FLOOR, BOSTON, MA 02	2135						-	DIRECT MAIL AND DI	GITAL		1,5	598,6	517.
DONOR DEVELOPMENT STRATEGIES, LLC													405
141 UNION BOULEVARD, LAKEWOOD, CO 802	228						_	CANVASSING			4	100,4	105.
INVICTA SECURITY 7100 BROADWAY, DENVER, CO 80221								BUILDING SECURITY				231,3	252
NETA							-	DOIDDING DECORITI				,	
PO BOX 50008, COLUMBIA, SC 29250								ACCOUNTING & PAYRO	LL		1	L79,9	995.
ACD DIRECT, INC, 240 NORTHEAST PROMON	NTORY,						f					,-	
SUITE 200, FARMINGTON, UT 84025							þ	CALL CENTER			1	L78,0	014.
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	l to t	hos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					13	3							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form 9	<b>90</b> (2	2022)

232008 12-13-22

Form 990 ROCKY MOUNTA									84-0510	85
Part VII Section A. Officers, Directors, Tr		nplo I	yee			ligh	est (			<i>(</i> <b>_</b> )
(A) Name and title	<b>(B)</b> Average hours	erage Position			ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MICHELLE CAMPBELL DIRECTOR	4.00	x						0.	0.	0
(28) CHARLES GILFORD III	4.00	~						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(29) ANNA STOUT	4.00									
DIRECTOR	4.00	X						0.	0.	0.
(30) BARBARA MYRICK DIRECTOR	4.00	x						0.	0.	0.
		-								
		-			-	-				
		[								
					$\vdash$					
					-					
					$\vdash$					
Total to Part VII, Section A, line 1c										
								I		

232201 04-01-22

	t VIII	Statement of Rev	ven	ue						5 Pa
		Check if Schedule O d	conta	ains a respo	nse (	or note to any line	in this Part VIII			<u></u> [
							<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue exclu
									business revenue	from tax und
_	4 -	Foderated acressions		1a						sections 512 -
		Federated campaigns				11,798,985.				
5		Membership dues				216,562.				
Z		Fundraising events Related organizations				210,302.				
0		Government grants (contri				2,611,285.				
0		All other contributions, gifts,								
D	•	similar amounts not included				10,758,682.				
5	a	Noncash contributions included in				814,009.				
	-						25,385,514.			
Ť						Business Code				
	2 a	CONTRACT REVENUE				900099	258,200.	118,000.	140,200.	
D	b				516100	135,131.	135,131.			
1 Int	с	TOWER RENT				516100	94,187.		94,187.	
270	d	BROADCAST ROYALTIES			_	900099	1,985.	1,985.		
	е				_					
	f	All other program service	rever	nue						
1	g	Total. Add lines 2a-2f					489,503.			
1	3	Investment income (includ	ding o	dividends, ir	tere	st, and				
		other similar amounts)				458,572.			458,5	
	4	Income from investment of	of tax	-exempt bor	nd p	roceeds				
1	5	Royalties			<u></u>					
				(i) Real		(ii) Personal				
		Gross rents	6a							
1		Less: rental expenses	6b							
1		Rental income or (loss)	6c			L				
		Net rental income or (loss)	))	(i) Soour:+:	 	(ii) Othor				
1	í a	Gross amount from sales of		(i) Securiti		(ii) Other				
1	Ŀ.	assets other than inventory	7a	797,7	.00	1,283,390.				
	a	Less: cost or other basis	76	805,3	34	512,418.				
	-	and sales expenses	7b 7c			770,972.				
		Gain or (loss)				,	763,436.			763,4
		Net gain or (loss) Gross income from fundraisir			<u></u>		,00,100.			,, .
	υd	including \$		•						
		contributions reported on								
		Part IV, line 18		,	8a	52,770.				
	h	Less: direct expenses			8b	152,062.				
		Net income or (loss) from					-99,292.			-99,2
		Gross income from gamin			Ē		, -			,
		Part IV, line 19			9a					
1	b	Less: direct expenses			9b					
		Net income or (loss) from								
.		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold 10b								
		Net income or (loss) from			y					
						Business Code				
Devellue	11 a	MISCELLANEOUS INCOM	E			900099	20,198.			20,1
	b									
EVE	с					Τ				
٩	d	All other revenue								
	е	Total. Add lines 11a-11d					20,198.			
	12	Total revenue. See instruction	ne				27,017,931.	255,116.	234,387.	1,142,9

15430328 147228 114786ZZ

2022.05080 ROCKY MOUNTAIN PUBLIC MED 114786Z1

10

ROCKY MOUNTAIN PUBLIC MEDIA, INC. 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).

Page 10 84-0510785

	Check if Schedule O contains a response	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	594,492.		594,492.	
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	8,415,375.	5,651,090.	1,053,219.	1,711,066.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	209,551.	131,433.	38,322.	39,796.
9	Other employee benefits	762,996.	478,559.	139,536.	144,901.
10	Payroll taxes	784,772.	492,218.	143,518.	149,036.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	98,314.		98,314.	
	Accounting	113,477.		113,477.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	45,159.		45,159.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,328,220.	807,061.	360,470.	1,160,689.
12	Advertising and promotion	650,435.	300,215.	839.	349,381.
13	Office expenses	2,059,391.	855,688.	161,245.	1,042,458.
14	Information technology				
15	Royalties				
16	Occupancy	2,967,064.	2,239,792.	570,710.	156,562.
17	Travel	185,039.	92,620.	86,262.	6,157.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	388,251.	103,982.	192,435.	91,834.
20	Interest	405,422.	1,247.	9,856.	394,319.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	716,280.	631,064.	43,378.	41,838.
23	Insurance	392,644.	315,987.	33,490.	43,167.
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 0.)				
а	PROGRAM ACQUISITIONS	2,832,389.	2,832,389.		
a b	BAD DEBT	27,126.	1,219.		25,907.
c	FINANCE LEASE	18,785.	18,785.		
d	OTHER EXPENSES	10,334.			10,334.
	All other expenses	,			
25	Total functional expenses. Add lines 1 through 24e	24,005,516.	14,953,349.	3,684,722.	5,367,445.
<u>25</u> 26	<b>Joint costs.</b> Complete this line only if the organization			• • • • • •	
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-					

11

232010 12-13-22

Form 990 (2022)

15430328 147228 114786ZZ

\_

	1	Cash - non-interest-bearing			420.	1	121.
	2	Savings and temporary cash investments			9,313,860.	2	13,186,372.
	3	Pledges and grants receivable, net			3,199,250.	3	3,024,904.
	4	Accounts receivable, net			506,059.	4	634,684.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	ion 4958(c)(3)(B)		6		
ŝ	7	Notes and loans receivable, net			6,690,000.	7	6,690,000.
Assets	8	Inventories for sale or use			120,760.	8	126,613.
As	9	<b>_</b>			432,392.	9	425,389.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,558,716.			
	b	Less: accumulated depreciation	10b	5,378,209.	13,267,017.	10c	13,180,507.
	11	Investments - publicly traded securities			12,074,678.	11	13,332,329.
	12	Investments - other securities. See Part IV, line 1		7,254,285.	12	7,194,115.	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		12,481,375.	15	14,416,401.	
	16	Total assets. Add lines 1 through 15 (must equa	3)	65,340,096.	16	72,211,435.	
	17	Accounts payable and accrued expenses		1,713,132.	17	1,709,523.	
	18	Grants payable			18		
	19	Deferred revenue		480,706.	19	364,360.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete P	Part IV (	of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er, director,				
litie		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	e perso	ns		22	
_	23	Secured mortgages and notes payable to unrelat			3,267,090.	23	2,765,632.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D		·····	0.	25	3,539,068.
	26	Total liabilities. Add lines 17 through 25			5,460,928.	26	8,378,583.
s		Organizations that follow FASB ASC 958, chec	ck here	X			
lces		and complete lines 27, 28, 32, and 33.					(2, 152, 700
alar	27	Net assets without donor restrictions			58,495,862.	27	62,153,780.
B	28	Net assets with donor restrictions			1,383,306.	28	1,679,072.
ň		Organizations that do not follow FASB ASC 95	ck here				
۲ ۲		and complete lines 29 through 33.				-	
Net Assets or Fund Balan	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or equ				30	
¢t A	31	Retained earnings, endowment, accumulated inc			50 970 160	31	63 033 053
ž	32	Total net assets or fund balances			59,879,168. 65,340,096.	32	63,832,852. 72,211,435.
	33	Total liabilities and net assets/fund balances			05,540,090.	33	Form <b>990</b> (2022)

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

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

84-0510785 P

**(B)** End of year

**(A)** Beginning of year Page **11** 

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-051078	5	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	017,	931.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	005,	516.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	012,	415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59	879,	168.
5	Net unrealized gains (losses) on investments	5		963,	188.
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		-21,	919.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	63	832,	852.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

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

OMB No. 1545-0047
2022
Open to Public

Open to Public Inspection
 teless the section of

Nan	ne of t	he organization							identification number			
			MOUNTAIN PUBLIC	,					84-0510785			
Pa	πι	Reason for Public C	charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organi	zation is not a private found	,	<b>e</b> .		,						
1		A church, convention of chu				n 170(b)(1	I)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative					•					
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for		llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C			_							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
~		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe						1				
9		An agricultural research org				-		-	-			
		or university or a non-land-g	rant conege of agric	ulture (see instructions).		lame, city	, and state of	the college				
10		university: An organization that normal	lly receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ne membersh	in fees and	d aross receipts from			
10		activities related to its exem										
		income and unrelated busin							-			
		See section 509(a)(2). (Cor				ooo aoqaa		Janization				
11	$\square$	An organization organized a		velv to test for public sat	etv. See	section 50	)9(a)(4).					
12		An organization organized a	-	•	•			rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box on			
		lines 12a through 12d that of	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
а		] Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting			
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		<b>Type III functionally inte</b>		·				ly integrate	d with,			
		its supported organization		•								
d		Type III non-functionally						-				
		that is not functionally int	8 8	8 ,				an attentiv	/eness			
		requirement (see instructi	-									
е		Check this box if the orga					турет, туре	п, туре п				
f	Ento	functionally integrated, or the number of supported c	rachizationa		iy organiza	ation.						
a		vide the following information	•	d organization(s)								
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	fmonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota	al											

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.)

See	ction A. Public Support												
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	20,099,119.	19,269,646.	23,150,039.	23,241,112.	25,385,514.	111,145,430.						
2	Tax revenues levied for the organ-												
	ization'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	20,099,119.	19,269,646.	23,150,039.	23,241,112.	25,385,514.	111,145,430.						
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)						718,500.						
	6 Public support. Subtract line 5 from line 4. 110,426,930												
	ction B. Total Support					1	[						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
	Amounts from line 4	20,099,119.	19,269,646.	23,150,039.	23,241,112.	25,385,514.	111,145,430.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources $\dots$	476,282.	465,680.	357,546.	469,728.	458,572.	2,227,808.						
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.)	138,065.	291,659.	162,025.	89,802.	20,197.	,						
11	Total support. Add lines 7 through 10						114,074,986.						
12	Gross receipts from related activities,	,	,			12	897,145.						
13	First 5 years. If the Form 990 is for th	•	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)							
<u></u>	organization, check this box and stop												
	ction C. Computation of Publi						06.00						
	Public support percentage for 2022 (I					14	96.80 %						
	Public support percentage from 2021					15	97.52 %						
16a	33 1/3% support test - 2022. If the c						v						
	stop here. The organization qualifies		-				·····						
C	33 1/3% support test - 2021. If the c												
47-	and stop here. The organization qual					and line 14 is 100/							
1/8	10% -facts-and-circumstances test	-											
	and if the organization meets the fact			-		-							
L	meets the facts-and-circumstances te	-			-	Za, and line 15 is 1							
	<ul> <li>10% -facts-and-circumstances test more, and if the organization meets th</li> </ul>	-											
	organization meets the facts-and-circu												
18	Private foundation. If the organization				•••••								
10		T alu not oneon a l		, 100, 17a, 01 17D			,						

232022 12-09-22

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
See	ction B. Total Support		-	-	<u>.</u>	-			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2	022	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) o	rganizatior	۱,	_
_	check this box and stop here		-				<u></u>	<u></u>	
	ction C. Computation of Publi		•						
	Public support percentage for 2022 (I			column (f))		15			%
-	Public support percentage from 2021					16			%
	ction D. Computation of Inves		· · ·						
	Investment income percentage for 20					17			%
18	Investment income percentage from					<b>18</b>		ie net	%
198	a 33 1/3% support tests - 2022. If the						na line 17	is not	
L	more than 33 $1/3\%$ , check this box ar						2 1/20/ ~~	L	
Ľ	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization					Ũ	iization .	L	$\exists$
	23 12-09-22	T UIU TIUL UTIEUK A	50A OF INC 14, 19	a, or reb, check li	III DUN AITU SEE ITIS		hedule A	 (Form 990) 20	 122
2020									

16

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

232024 12-09-22

17

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

84-0510785 Page **5** 

Yes No

2

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported graphization(s)	1		

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	1	1	1	Check the box next to the metho	od that the organization use	d to satisfy the Integral Par	t Test during the year	r (see instructior
--	---	---	---	---------------------------------	------------------------------	-------------------------------	------------------------	--------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you s	supported a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------------	---

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

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

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

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

232025 12-09-22

#### 15430328 147228 114786ZZ

18

	chedule A	Form 990	) 2022
--	-----------	----------	--------

	edule A (Form 990) 2022 ROCKY MOUNTAIN PUBLIC MEDIA, INC.			84-0510785 Page
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
		6		
	emergency temporary reduction (see instructions).	6		L

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

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)				
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022			
_1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Fo	Supplemental Info	ROCKY MOUNTAIN PUB prmation. Provide the exp 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9	lanations required by Pa	rt II, line 10; Part II, line 17a	84-0510785 or 17b; Part III, line 12; 1 and 2: Part IV, Section	Page 8
lir S	ne 1; Part IV, Section D	0, lines 2 and 3; Part IV, Sect d 8; and Part V, Section E, li	ion E, lines 1c, 2a, 2b, 3a	a, and 3b; Part V, line 1; Par	t V, Section B, line 1e; Pa	irt V,
SCHEDULE A,	PART II, LINE 1	0, EXPLANATION FOR OT	HER INCOME:			
MISCELLANEO	DUS INCOME					
2018 AMOUNT	∑:\$ 138,065.					
2019 AMOUNT	r:\$ 291,659.					
2020 AMOUNT	F:\$ 162,025.					
2021 AMOUNT	r:\$ 89,802.					
2022 AMOUNT	r:\$ 20,197.					
232028 12-09-22			21		Schedule A (Form S	990) 2022

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

partment of the T ernal Revenue Se	

Schedule B

(Form 990)

Name of the organization

ROC	CKY MOUNTAIN PUBLIC MEDIA, INC.	84-0510785
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	

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

501(c)(3) taxable private foundation

501(c)(3) exempt 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**

Form 990-PF

📙 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

X 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).

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2   		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

ile B (Form 990) (2022)

Page 2

Employer identification number

(d)

(c)

84-0510785

ROCKY MO	UNTAIN PUBLIC MEDIA, INC.		84-0510785
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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

#### 223453 11-15-22

Schedule B (Form 990) (2022)

### 15430328 147228 114786ZZ

24 2022.05080 ROCKY MOUNTAIN PUBLIC MED 114786Z1

Employer identification number

Page 3

Name of organization

Page 4

from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations     dependence of part line for the of acutavity representations     dependence of the second	lame of organi	zation		Employer identification number
If at III       Exclusively religious, charitable, etc., contributions to organizations described in sections 051(c)(7, 8), or (10) that teld more than \$1,000 for the yet organizations companing Pull in error back of exclusively intentity, for organizations companing Pull in error back of exclusively intentity, for organizations companing Pull in error back of exclusively intentity, for organizations companing Pull in error back of exclusively intentity, for organizations of the yet intent in exclusively intentity, for organizations of the yet intentity in the intention of the yet intentity of exclusive intentity.         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         INDec       (b) Purpose of gift       (c) Use of gift       (d) Des	OCKY MOUNT	ATN PUBLIC MEDIA INC		84-0510785
competing Part III. et an balance of S1000 of less forthe year, jetter the info area,       Use diplicate copies of 241 III if additional space is needed.      (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Transfer of gift     (f) Transfer of gift     (f) Transfer of gift     (f) Description of how gift is held     (e) Transfer of gift     (f) Transfer of gift     (gift	Part III Exc	clusively religious, charitable, etc., contributior	ns to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
Disc.       Use duplicate copies of Part III if additional space is needed.         Image:	com	<b>m any one contributor.</b> Complete columns <b>(a)</b> the pleting Part III, enter the total of exclusively religious, characteristic characteristic content of the pleting of the	hrough (e) and the following line entr aritable, etc., contributions of \$1,000 or I	.ry. For organizations less for the year. (Enter this info. once.)
from art1     (c) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (c) Use of gift     (d) Description of how gift is held       (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held	Us	e duplicate copies of Part III if additional sp	bace is needed.	
Al No.     Transferee's name, address, and ZIP + 4	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift	Part I			
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer 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.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer 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.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (e) Transfer of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift				
a) No. from part (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 a) No. part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description f gift (d) Description f how gift is held (e) Transfer of gift (d) Description f gift (d) Description f how gift is held (e) Transfer of gift (d) Description f how gift is held			(e) Transfer of gift	it
a) No. from part (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 a) No. part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description f gift (d) Description f how gift is held (e) Transfer of gift (d) Description f gift (d) Description f how gift is held (e) Transfer of gift (d) Description f how gift is held		<b>_</b>		
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held		Iransferee's name, address, and		Relationship of transferor to transferee
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
Part I	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Image: second system of the	Part I			
Image: second system of the	—			
Image: second system of the				
Image: second system of the				
a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (f) Description (f)			(e) Transfer of gift	it
a) No. from (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 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held		Transferacia name address and	1 7ID . 4	Balationabia of transforms to transforms
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held	(a) No.			
a) No. from Part 1 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of g	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: state				
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: state				
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: state				
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: state			(a) Transfor of sife	
a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transfer of gift			(e) transfer of gin	t .
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held		Transferee's name, address, and	d <b>ZI</b> P + 4	Relationship of transferor to transferee
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held				
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held	<u> </u>			
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held	—		[	
Part I	a) No.			
	from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	—			
			(e) Transfer of aif	
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee			(-,	
		Transferee's name, address, and	d <b>ZIP</b> + 4	Relationship of transferor to transferee
	—			
	—			
454 11-15-22 Schedule B (Form 990) (20			0.5	Schedule B (Form 990) (20

25

### 15430328 147228 114786ZZ

SCHEDULE C	Pc	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					
	-	-				ZUZZ
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Internal Revenue Service						
-		Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not com		e 46 (Political Campa	aign Acti	vities), then
	-	)1(c)(3)) organizations: Complete P	•	Do not complete Part	I-B	
<ul> <li>Section 527 organiz</li> </ul>					ιD.	
•	•	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activ	/ities), th	en
-		nave filed Form 5768 (election und			-	
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h))	): Complete Part II-B.	Do not c	omplete Part II-A.
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst						
	), or (6) organizat	ions: Complete Part III.		I	<b>F</b>	
Name of organization	BOCKY MOUNT	NATH DIDITC MEDIA INC			Employe	er identification number 84-0510785
Part I-A Compl		TAIN PUBLIC MEDIA, INC.	section 501(c) o	r is a section 52	7 organ	
			300101 001(0) 0		/ orgai	
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV		
2 Political campaign	8		1 0		\$	
3 Volunteer hours for					·· ·	
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3)	).		
1 Enter the amount of	of any excise tax	incurred by the organization under	section 4955		\$	
	•	incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in Part I-C Compl		anization is exempt under	section 501(c)	except section 5	01(c)(3)	
		by the filing organization for secti		-		
		ization's funds contributed to othe			Ψ	
exempt function ac					\$	
		. Add lines 1 and 2. Enter here and				
	-				. \$	
						Yes No
		ployer identification number (EIN)				
	-	tion listed, enter the amount paid f				-
		omptly and directly delivered to a s additional space is needed, provid	· · · ·	,	parate se	egregated fund or a
			T	1		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid fi filing organization		(e) Amount of political ontributions received and
				funds. If none, ente	er -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
For Deperture la Deduct	ion Act Notice	and the Instructions for Form 00	0 or 000 E7		- Coh	adula C (Earm 000) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	ROCKY MOUNT	TAIN PU	JBLIC MEDIA, INC.			510785 Page <b>2</b>
Part II-A Complete if the org	anization is	s exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
A Check if the filing organization	tion belongs to	o an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	e of excess lo	bbying e	expenditures).			
B Check if the filing organiza	tion checked b	oox A an	nd "limited control" pro	visions apply.		
Limit	ts on Lobbyin	a Exper	nditures		(a) Filing	(b) Affiliated group
	-	• •	nts paid or incurred.)		organization's totals	totals
<b>1a</b> Total lobbying expenditures to influ	-				25 705	
<b>b</b> Total lobbying expenditures to influ	-		• • • • •		25,785.	
c Total lobbying expenditures (add lin					25,785. 18,567,127.	
<ul> <li>d Other exempt purpose expenditure</li> <li>e Total exempt purpose expenditures</li> </ul>					18,592,912.	
f Lobbying nontaxable amount. Enter					1,000,000.	
If the amount on line 1e, column (a) of			bying nontaxable amo			
Not over \$500,000	• •		the amount on line 1e.			
Over \$500,000 but not over \$1,000			0 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces			
Over \$17,000,000		\$1,000,0	•			
		. , ,				
g Grassroots nontaxable amount (en	ter 25% of line	e 1 f)			250,000.	
h Subtract line 1g from line 1a. If zero	o or less, ente	r -0			0.	
i Subtract line 1f from line 1c. If zero	or less, enter	-0			0.	
j If there is an amount other than zer	ro on either lin	e 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				[	Yes No
			raging Period Under	• •		
(Some organizations th			01(h) election do not h ate instructions for lin	•	of the five columns be	elow.
	LODDYIN	g Exper	nditures During 4-Yea	Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 201	9	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d</b> ) 2022	(e) Total
2a Lobbying nontaxable amount	76	1,399.	812,846.	940,185.	1,000,000.	3,514,430.
b Lobbying ceiling amount						F 071 C4F
(150% of line 2a, column(e))						5,271,645.
a Tatal lakk vian ava andit was	1(	0,598.	11,355.	24,502.	25,785.	72 240
c Total lobbying expenditures	10	.,	±±,333.	27,502.	23,703.	72,240.
d Grassroots nontaxable amount	190	0,350.	203,212.	235,046.	250,000.	878,608.
e Grassroots ceiling amount					· · ·	
(150% of line 2d, column (e))						1,317,912.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

# 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)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
h	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b)	Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year		<u>2a</u>		
	Carryover from last year		2b		
С	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		-		
_	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions         t IV       Supplemental Information		5		
		(			
Prov	de 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, li	nes 1 a	na 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

		0		- 4 4 -		OMB No. 1545-0047
SC	HEDULE D		al Financial St			
(Forn	n 990)		nization answered "Yes' ), 11a, 11b, 11c, 11d, 11e			ZUZZ
	ment of the Treasury		ttach to Form 990.			Open to Public Inspection
-	I Revenue Service e of the organization		o for instructions and the	e latest information.	Emr	ployer identification number
Nam		ROCKY MOUNTAIN PUBLIC MEDIA	, INC.			84-0510785
Par	rt I 🛛 Organiza	ations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ac	cour	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.			
			(a) Donor advised	l funds	( <b>b)</b> Fun	ds and other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year		d in denor advised fund	40	
5	•	on inform all donors and donor advisors in n's property, subject to the organization's	•			Yes No
6		on inform all grantees, donors, and donor a				
•	Ũ	oses and not for the benefit of the donor o	0 0			
		ate benefit?		• •	•	Yes No
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes	" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	ervation easements held by the organizati	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a histo	-	-
		f natural habitat		Preservation of a certi	fied his	storic structure
_		of open space				
2	Complete lines 2a day of the tax year	through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co	nserva	tion easement on the last Held at the End of the Tax Year
					2a	TICIU AL LIC LIU UT LIC TAX TCAT
a b		priservation easements			2a 2b	
c		vation easements on a certified historic str			20 2c	
d		vation easements included in (c) acquired a				
		sted in the National Register			2d	
3		vation easements modified, transferred, rel			zation	during the tax
	year					
4		where property subject to conservation eas				
5		tion have a written policy regarding the per		on, handling of		
6		orcement of the conservation easements it		d opforoing oppopulatio		
6	Stall and voluntee	r hours devoted to monitoring, inspecting,	nandling of violations, and	a enforcing conservatio	in ease	ements during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcina conservation ea	sement	ts during the year
•	Amount of expens				Serrieri	to during the your
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)	(i)	
	and section 170(h)	(4)(B)(ii)?				Yes No
9	In Part XIII, describ	be how the organization reports conservati	on easements in its reven	ue and expense statem	ent an	d
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's	financial statements that	at desc	cribes the
Dor		ounting for conservation easements.	Art Historical Trac	ouroo or Othor S	imila	r Accoto
Fai		ations Maintaining Collections of		isures, or Other 5	IIIIId	1 ASSELS.
		the organization answered "Yes" on Form		aux atatamant and hale		
Ia	•	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	•			
		Part XIII the text of the footnote to its final				
b	· •	elected, as permitted under FASB ASC 95			sheet	works of
	-	ures, or other similar assets held for public				
		ng amounts relating to these items:				
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1				\$
	.,					\$
2	-	received or held works of art, historical tre			orovide	9
	-	unts required to be reported under FASB A	-			
		on Form 990, Part VIII, line 1				\$
	Assets included in	•	for Form 990			<u>\$</u> Sebadula D (Earm 990) 2022
LHA	FOR Paperwork Re	eduction Act Notice, see the Instruction	5 IUI FUIII 990.			Schedule D (Form 990) 2022

15430328 147228 114786ZZ

232051 09-01-22

2	9						
~	~	 ~	~	~	_	-	

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       d       Loan or exchange program         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5         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         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.       Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1e         c       Beginning balance       Int       1d       1e       1d       1e       1f       2e       2b dit he organization	Page <b>2</b> ed)
collection items (check all that apply):       a       Dublic exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Preservation for future generations         4       Forvide a description of 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         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         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Id       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Endowment Funds. Complete if the explanation has been provided on Part XIII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes      <	
a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	
b       Scholarly research       e       Other         c       Preservation for future generations       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 solid to raise funds rather than to be maintained as part of the organization's collection?       Yes         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.       Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       It       It         d       Additions during the year       Id       Ie       Ie         f       Endowment Funds. Complete if the explanation has been provided on Part XIII       Yes       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.<	
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         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, 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         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Armount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1t         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V         Part V       Endowment Funds. Complete if the organization	
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         Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         q       Additions during the year       1e         e       Distributions during the year       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (e) Four y         1a Beginning of year balance       1       1       1       1 <td></td>	
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         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.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 y         1a       Beginning of year balance       1       1       1       1         (a) Current year       (b) Prior year       (c) Two years back	
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes         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         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Amount         d       Additions during the year       Itele         f       Ending balance       Yes         b       If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Yes         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four y         1a       Beginning of year balance <td></td>	
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?       Image: Contribution of Contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Image: Contributions during the year         d       Additions during the year       Image: Contribution form 990, Part X, line 21, for escrow or custodial account liability?       Image: Contribution Part XIII         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Contribution Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Contributions         b       Contributions       Image: Contribution Part XIII         1a       Defining of year balance       Image: Contribution Part XIII         1a       Beginning of year balance       Image: Contribution Part XIII         1a       Beginning of year balance       Image: Contribution Part YIII         1a       Beginning of year balance	
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?         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance         d Additions during the year         e Distributions during the year         f Ending balance         1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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       (e) Four y         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four y         1a Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four y         1a Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four y         a Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four y         a Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four y	No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         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         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.       Yes         la       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four y         1a       Beginning of year balance               b       Contributions                        <	
on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1c       1d         d       Additions during the year       1d       1e       1d         e       Distributions during the year       1f       1f       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         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       (e) Four y         1a       Beginning of year balance	
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1c       1c         d       Additions during the year       1d       1c       1d         e       Distributions during the year       1e       1f       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         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 y         1a       Beginning of year balance	
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1d         f       Ending balance       1f       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         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 y         1a       Beginning of year balance	└── No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1e         f       Ending balance       1f       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Yes         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four y         a       Beginning of year balance       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         a       Beginning of year balance       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         b       Contributions       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         c       Net investment earnings, gains, and losses       Image: Complete if the organization answered "Yes" on	
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         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         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 year         b Contributions	
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         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         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 year         b Contributions	
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         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         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 year         1a       Beginning of year balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year         Ia Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four year         c Net investment earnings, gains, and losses       Grants or scholarships       Image: Complete for facilities       Image: Complete for facilities	
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia       Beginning of year balance         b       Contributions         c       Net investment earnings, gains, and losses         d       Grants or scholarships         e       Other expenditures for facilities	No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four year         b       Contributions       -	
1a Beginning of year balance(a) Current year(b) Prior year(c) Two years back(d) Three years back(e) Four yearb Contributionsc Net investment earnings, gains, and lossesd Grants or scholarshipse Other expenditures for facilities	
1a Beginning of year balance     Image: Contributions     Image: Contributions       b Contributions     Image: Contributions     Image: Contributions       c Net investment earnings, gains, and losses     Image: Contributions     Image: Contributions       d Grants or scholarships     Image: Contributions     Image: Contributions       e Other expenditures for facilities     Image: Contributions     Image: Contributions	ears back
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment%	
b Permanent endowment %	
c Term endowment %	
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:	es No
(i) Unrelated organizations 3a(i)	
(ii) Related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?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(b) Cost or other(c) Accumulated(d) Bookbasis (investment)basis (other)depreciation	/alue
1a         Land         4,985,880.         4,9	85,880.
	09,753.
c Leasehold improvements	
d Equipment 4,359,951. 2,996,453. 1,3	63,498.
	21,376.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	80,507.

Schedule D (Form 990) 2022

#### Part VII Investments - Other Securities.

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

(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) INV IN RMPB VENTURES INC	310,000.	COST
(B) INV IN CMC QALICB LLC	23,503.	COST
(C) INV IN RMPM QALICB INC	6,860,612.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	7,194,115.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	10,785,837.
(2) OPERATING LICENSE	53,017.
(3) DEPOSITS	10,806.
(4) BENEFICIAL INTEREST IN CRUTS	140,183.
(5) LEASE ASSETS	3,426,558.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,416,401.
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)	LEASE LIABILITIES	3,538,825.
(3)	INTERCOMPANY PAYABLES	243.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,539,068.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 ROCKY MOUNTAIN PUBLIC MEDIA, INC.			84-0510785	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	28,015,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	963,188.		
b	Donated services and use of facilities	2b	101,180.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	38,250.		
е	Add lines 2a through 2d			2e	1,102,618.
3	Subtract line <b>2e</b> from line <b>1</b>			3	26,912,603.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,159.		
b	Other (Describe in Part XIII.)	4b	60,169.		
с	Add lines 4a and 4b			4c	105,328.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				27,017,931.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	24,160,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	101,180.		
b	Prior year adjustments	<b>2</b> b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	99,292.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	200,472.
3	Subtract line <b>2e</b> from line <b>1</b>			3	23,960,357.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,159.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	45,159.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	24,005,516.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b ar	id 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 ad	dditional informa	tion.		
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				

,		
UNCOLLECTIBLE PLEDGES	25,3	358.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	12,8	392.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	38,2	250.
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
LOSS ON INVESTMENT IN SUBSIDIARY	60,1	.69.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES	99,2	292.
232054 09-01-22		Schedule D (Form 990) 2022
	32	

Part XII	Supplemental Information	on (continued)		
				Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ental Information Regarding	Fund	draisi	ing or Gaming A	ctivi	ties c	0MB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022	
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	ctions	and t	he latest information			Inspection ntification number
Name of the organization		TAIN PUBLIC MEDIA, INC.					84-051078	
Part I Fundrais		Complete if the organization answer	ared "V	/es" or	n Form 990 Part IV I	ine 17		
	complete this par			03 01	11 onn 330, 1 ar 10, 1		. 1 0111 000 22	
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person social</li> <li>2 a Did the organization key employees list</li> </ul>	tions email solicitations itations blicitations on have a written o ted in Form 990, P ) highest paid indiv	f X Solicita g X Specia or oral agreement with any individua 'art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ding of ional fu	overnment grants nment grants events fficers, directors, trus undraising services?		X Yes	
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or coi	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
CONTRIBUTOR DEVELO	PMENT		Yes	No	_			
PARTNERSHIP - 10 G		DIRECT MAIL AND DIGITAL		x	2,911,636.		528,962.	2,382,674.
DONOR DEVELOPMENT		CANVASSING	x		206 706		400 405	102 600
- 141 UNION BOULEV NEXT GENERATION -		CANVASSING			206,796.		400,405.	-193,609.
GERMANTOWN PIKE SU		DIRECT MAIL AND DIGITAL		x	65,582.		35,408.	30,174.
					2 104 014		064 775	0 010 000
Total		on is registered or licensed to solicit			3,184,014.	it in o	964,775.	2,219,239.
or licensing.	ich the organizatio		CONTINU	utions	or has been notified	11 15 6	vempt nom rei	gistration
со								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ots greater than \$5,000.
			<b>(a)</b> Event #1 LIVE AT THE VINEYARDS	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts	269,332.			269,332.
	2	Less: Contributions	216,562.			216,562.
	3	Gross income (line 1 minus line 2)	52,770.			52,770.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				152,062.
		Direct expense summary. Add lines 4 through				152,062.
D		Net income summary. Subtract line 10 from li	-99,292.			
Pa	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
anue		\$13,000 OFF OFF 950 EZ, INC 02.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
		Noncash prizes				
Dire	4	Rent/facility costs				

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

Yes

No

%

Yes

No

%

Yes

No

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: \_\_\_\_\_\_

232082 10-27-22

5

Other direct expenses

6 Volunteer labor

Schedule G (Form 990) 2022

No

No

Schedule G (Form 990) 2022	ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-0510785	Page <b>3</b>
<b>12</b> Is the organization a grantor, I	ct gaming activities with nonmembers? beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
<b>13</b> Indicate the percentage of ga			
			%
	of the person who prepares the organization's gaming/special events books and records:	<b>13</b> b	%
Name			
Address	contract with a third party from whom the organization receives gaming revenue?	Yes	s 🗌 No
	gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by			
c If "Yes," enter name and addr			
Name			
Address			
<b>16</b> Gaming manager information:			
Name			
Gaming manager compensati	on \$		
Description of services provid	led		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
a is the organization required un retain the state gaming license	nder state law to make charitable distributions from the gaming proceeds to		s 🗌 No
	e? ons required under state law to be distributed to other exempt organizations or spent in th		
organization's own exempt ac		-	
	formation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and o, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9	9, 9b, 10b,
SCHEDULE G, PART I, LINE 2	2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: CC	ONTRIBUTOR DEVELOPMENT PARTNERSHIP		
(I) ADDRESS OF FUNDRAISER:	: 10 GUEST ST, BOSTON, MA 02135		
(I) NAME OF FUNDRAISER: DO	DNOR DEVELOPMENT STRATEGIES		
(I) ADDRESS OF FUNDRAISER:	: 141 UNION BOULEVARD, LAKEWOOD, CO 80228		
(I) NAME OF FUNDRAISER: NE	EXT GENERATION		
232083 10-27-22	So	chedule G (For	m 990) 2022
	36		

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

600 W GERMANTOWN PIKE SUITE 400, PLYMOUTH MEETING, PA 19462

PART I, LINE 2B, COLUMN (V):

THE ORGANIZATION ENTERS INTO AGREEMENTS WITH PROFESSIONAL FUNDRAISERS

THAT INCLUDE BOTH PAYMENT FOR FUNDRAISING SERVICES AS WELL AS PAYMENT FOR

FUNDRAISING EXPENSES. THESE EXPENSES INCLUDE MAILING, POSTAGE AND

PRINTINGS. INVOICES BIFURCATE THE AMOUNTS BETWEEN SERVICES AND EXPENSES.

Schedule G (Form 990)

232084 04-01-22

37 2022.05080 ROCKY MOUNTAIN PUBLIC MED 114786Z1

sc	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2022		)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			ection	
Nan	e of the organizatior		Employer ider		on nui	nber
Da	rt I Question	ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-051	0/85		
Га					Vee	
10	Chook the oppropri	ate boy(oo) if the organization provided any of the following to or far a person listed on Form	000		Yes	No
la		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		a require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
				-		
3	Indicate which if ar	y, of the following the organization used to establish the compensation of the organization's	4			
-		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant				
	X Form 990 of o		ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?		4b		X
с	-	eive payment from an equity-based compensation arrangement?		4c		X
	•	es 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the re	evenues of:				
а	The organization?			5a		x
		ation?		5b		X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		x
		ation?		6b		X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

84-0510785

#### 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMANDA MOUNTAIN	(i)	242,366.	62,500.	0.	9,150.	8,552.	322,568.	٥.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) KARLA HANLON	(i)	170,302.	42,496.	0.	4,254.	270.	217,322.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(3) KIRBY WITTEN-SMITH	(i)	118,324.	51,551.	0.	5,132.	6,850.	181,857.	٥.
SENIOR DIRECTOR OF CORPORA	(ii)	٥.	0.	0.	0.	0.	0.	٥.
(4) KIM CLEMENSEN	(i)	140,589.	28,998.	0.	0.	10,077.	179,664.	٥.
CHIEF OF DIVERSITY, EQUITY	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) LINDA KOTSAFTIS	(i)	138,283.	27,999.	0.	3,530.	7,948.	177,760.	٥.
CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(6) DENNIS DIAMOND	(i)	140,892.	27,808.	0.	0.	2,737.	171,437.	٥.
VICE PRESIDENT OF CORPORAT	(ii)	0.	0.	0.	0.	0.	0.	٥.
(7) KELLY FLINK	(i)	129,142.	26,998.	0.	4,866.	5,774.	166,780.	٥.
VP, CREATIVE SERVICES	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Page 3

#### 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:

AMANDA MOUNTAIN, PRESIDENT & CEO, RECEIVED A BONUS OF \$42,000 AS STIPULATED

BY CONTRACTUAL AGREEMENT.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Ζ

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

Department of the Treasury Internal Revenue Service

	Inspection						
Employer	identification number						

84-0510785

ſ

Ζι **Open to Public** 

Name of the organization

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Par	tl T	ypes of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c .
			applicable	items contributed		Tioncash contrib	ation a	nount	5
1	Art - Wor	ks of art							
2		orical treasures							
3		tional interests							
4		nd publications							
5		and household goods							
6		other vehicles	Х	273	341,499.	FMV			
7		d planes							
8		al property							
9		s - Publicly traded	Х	32	415,834.	FMV			
10		s - Closely held stock			,				
11		s - Partnership, LLC, or							
	trust inte								
12									
13		s - Miscellaneous							
10		during the second s							
14		conservation contribution - Other							
15									
16		ite - Residential ite - Commercial							
17									
		te - Other							
18 10									
19 00		entory							
20		d medical supplies							
21	Taxiderm								
22		l artifacts							
23		specimens							
24		gical artifacts	x	21	55,135.	EM37			
25	Other	( EVENT FOOD )	X	5	1,541.				
26	Other	( BLDG BEVERAGES )		5	1,541.	F MV			
27	Other	()							
28	Other	()							
29		of Forms 8283 received by the organ	-						
	for which	the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a		e year, did the organization receive b							
		d for at least 3 years from the date of		ntribution, and wh	ich isn't required to be used	for			
		ourposes for the entire holding period	?				30a		X
b		describe the arrangement in Part II.							
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X	<u> </u>	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions? 32a							X	
b	If "Yes,"	describe in Part II.							
33	If the org	anization didn't report an amount in	column (c) fo	r a type of property	/ for which column (a) is che	cked,			
	describe	in Part II.							
LHA	For Pa	perwork Reduction Act Notice, see	e the Instruc	tions for Form 990	).	Schedule I	M (Forn	n <b>990</b> )	2022

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.

	42	
232142 09-09-22		Schedule M (Form 990) 2022

84-0510785

SCHEDUL	ΕO
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

# 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 the latest information.



Employer identification number 84-0510785

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

THE FINANCE & INVESTMENT COMMITTEE REVIEWS THE 990 WITH MANAGEMENT AND THE

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

EXTERNAL ACCOUNTANTS. ONCE REVIEWED, THE ENTIRE BOARD RECEIVES A COPY OF

THE 990 BEFORE IT IS FILED. ANY QUESTIONS POSED BY THE BOARD ARE ADDRESSED

PRIOR TO FILING.

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

ANNUALLY, THE BOARD AND SENIOR EMPLOYEES ARE REQUIRED TO COMPLETE THE

CONFLICT OF INTEREST FORMS. BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO

DISCLOSE ANY CONFLICTS AS THEY ARISE. MANAGEMENT REVIEWS ALL SIGNIFICANT

AGREEMENTS AND MAINTAINS HEIGHTENED SENSE OF AWARENESS TO IDENTIFY ANY

POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS OF ROCKY MOUNTAIN PUBLIC MEDIA FOLLOWS THE FOLLOWING

PROCEDURES TO ESTABLISH THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES:

1. OBTAINS COMPARABILITY DATA APPROPRIATE TO THE POSITION SUCH AS:

A. INDUSTRY PUBLICATIONS/COMPENSATION SURVEYS

B. LOCAL EMPLOYERS COUNCIL

C. REVIEW OF SIMILAR AGENCIES FORM 990

2. CONSIDERS THE COMPLEXITY AND DIVERSITY OF RESPONSIBILITIES ASSIGNED TO

THE GIVEN ROLE WITHIN RMPM SUCH AS:

A. LICENSURE/CERTIFICATION/OTHER EDUCATION

B. OPERATION OR MANAGEMENT OF UNIQUE SERVICES/PROGRAMS

C. CONSIDERS THE RANGE OF RESPONSIBILITIES

3. MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

15430328 147228 114786zz

43 2,05080 ROCKY MOU

Schedule O (Form 990) 2022 Name of the organization		Page Employer identification number
ROCKY MOUNTAIN PUBLIC MEDIA, INC.		84-0510785
DECISION:		
A. RETAINS COMPARABILITY INFORMATION		
B. DOCUMENTS IN HIRING DOCUMENTS		
I. THE COMPENSATION DETAILS		
II. DATE APPROVED BY THE BOARD		
III. BOARD MEMBERS PRESENT		
IV. BOARD MEMBERS HAVING A CONFLICT OF INTEREST (IF ANY)	)	
FORM 990, PART VI, SECTION C, LINE 19:		
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	NANCIAL STATEMENTS	
ARE AVAILABLE EITHER ON THE WEBSITE OR UPON REQUEST TO TH	HE ORGANIZATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
LOSS ON INVESTMENT IN SUBSIDIARY	-60,169.	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	12,892.	
JNCOLLECTIBLE PLEDGES	25,358.	
TOTAL TO FORM 990, PART XI, LINE 9	-21,919.	
32212 10-28-22		Schedule O (Form 990) 20

## **Related Organizations and Unrelated Partnerships**

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

#### Name of the organization

Department of the Treasury Internal Revenue Service

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
KUVO, LLC - 84-0510785					
2101 ARAPAHOE STREET					
DENVER, CO 80205	RADIO BROADCAST	COLORADO	3,037,402.	4,560,141.	RMPM

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PUBLIC INTEREST COMMUNICATIONS, LLC -							
41-2090421, 2101 ARAPAHOE STREET, DENVER, CO							
80205	RADIO TOWER	COLORADO	501(C)(3)	LINE 7	RMPM	x	
ROCKY MOUNTAIN PUBLIC MEDIA QALICB, INC							
83-1995247, 2101 ARAPAHOE STREET, DENVER, CO							
80205	NMTC FINANCING	COLORADO	501(C)(3)	LINE 12A, I	RMPM	х	
KUVO DENVER EDUCATIONAL BROADCASTING -							
23-7272040, 2101 ARAPAHOE STREET, DENVER, CO							
80205	RADIO BROADCAST	COLORADO	501(C)(3)	LINE 7	RMPM	x	
ROCKY MOUNTAIN INVESTIGATIVE NEWS NETWORK -							
27-2650616, 2101 ARAPAHOE STREET, DENVER, CO	]						
80205	RADIO BROADCAST	COLORADO	501(C)(3)	LINE 7	RMPM	х	

45

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

Schedule R (Form 990) 2022

2022 Open to Public Inspection

Employer identification number

84-0510785

Att	ach to	Form	990.	



(Form 990)

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

		1					-		1	<u> </u>	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	10
	4										
CMC QALICB LLC - 83-1709578											
2101 ARAPAHOE STREET	REAL PROPERTY										
DENVER, CO 80205	MANAGEMENT	CO	RMPM	RELATED	-102,047.	2,488,696.		х	N/A	х	5.00%
	-										
	1								1		1

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont ent	<b>i)</b> b)(13) rolled tity?
		country)		0				Yes	No
RMPB VENTURES, INC 84-1411560	_								
2101 ARAPAHOE STREET									
DENVER, CO 80205	PROFIT ACTIVITY	со	RMPM	C CORP	-1,515.	5,243.	100%	x	
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)	1b		2
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	<b>1</b> h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	1p	x	
Reimbursement paid by related organization(s) for expenses			_
• Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) RMPM QALICB, INC.	N	1,002,000.	INTERCOMPANY RENT PAYMENTS
(2)			
<u>(</u> 3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

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

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
											$\square$		

Schedule R (Form 990) 2022

onses to questions on Schedule R. See instru	

Name	E ROCKY MOUNTAI	N PUBLIC MEDI	A, INC.							FEIN:	84-0510785
	and Entity: DUA	L USE OF EQUI	PMENT POST-2 Section 382 Carryover	017 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi nateo	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 201 B 201	x         165,008.           9         293,630.           0         123,885.           1         142,549.           2         403,550.										
C 202	0 123,885.										
C 202 D 202 E 202 F	1 142,549. 2 403 550.										
F	, .										
G H											
J											
K L											
L											
M N											
O P Q R S T											
Q											
R S											
T U											
V											
w	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detai	IS Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	B										
A											
A B C D E F G H											
D											
F											
G H											
J J											
M N											
0											
P Q R S											
R S											
Т											
U V											
Ŵ											

212571 04-01-22

Nar	ne:	ROCKY MOUNTAIL	N PUBLIC MEDI	A, INC.							FEIN:	84-0510785
		•	-2018 NOL FE			DETAIL C	ARRYOVER SCH	EDULE				
Ye Or nat	ar igi-	82 Annual Limitation Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for							
A 20	002	4,789. 96,668. 59,873.										
C 20	07	59,873.										
D 20	0 8 0 (	179,953. 212,986. 222,749.										
E 20	009	212,986.										
- 20 G 20	)10 )11	222,749. 161,328.										
H 20	)12	210,047.										
20	)13	62 473										
J 20 K 20	)14 )15	53,849. 32,124.										
	15	52,124.										
M												
N												
5												
ຊ												
5 T												
U V												
N		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
De Ty	tail pe	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
4												
B												
5												
G												
H												
J K												
<												
Ā												
N												
2												
S												
T J												
V												
N												

Form	990-Т	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023		2022
	tment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. to not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)		loyer identification number
B E	xempt under section	Print	ROCKY MOUNTAIN PUBLIC MEDIA, INC.		84-0510785
X	] 501(c )(3 ) ] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2101 ARAPAHOE STREET		p exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80205	F	Check box if
		С Во	ok value of all assets at end of year 72, 211, 435.		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H	Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J	Enter the number of	attache	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	The books are in car		KARLA HANLON Telephone number	303-89	92-6666
Pa	rt I   Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6	Deduction for net	operati	ng loss. See instructions	6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from				
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	. 8	1,000.
9	Trusts. Section 19	99A deo	duction. See instructions	9	
10	Total deductions.	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Ра	rt II Tax Com	•			
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	.   1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		_ Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins				
4	Other tax amounts			4	
5	Alternative minimu		27		
6			cility income. See instructions		
7			n 6 to line 1 or 2, whichever applies	7	0. Earm <b>990-T</b> (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-7 (2022)		F	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	<b>IV</b> Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$1,296,839. Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	-		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		-	
	Business Activity Code Available post-2017 NOL ca		-	
	516100 \$	725,072.	-	
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

## Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have exami correct, and complete. Declaration of preparer (other	wledge	and belief, it is true,					
Here	Signature of officer	Date	Date COO Title			May the IRS discu the preparer show instructions)?		
	Print/Type preparer's name	Preparer's signature	THE	Date	Check	if	ctions)? X Yes No PTIN	
Paid Preparer	DORI J. EGGETT	DORI J. EGGETT		03/28/24	self- employ	ed	P00645252	
Use Only		PLLC			Firm's EIN		38-1357951	
		AVE, SUITE 600						
	Firm's address DENVER, CO 80	)237			Phone no.	303	-740 - 9400	
223711 01-16-2	23						Form <b>990-T</b> (2022)	

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	4,789.	0.	4,789.	4,789.
06/30/06	96,668.	0.	96,668.	96,668.
06/30/08	59,873.	0.	59,873.	59,873.
06/30/09	179,953.	0.	179,953.	179,953.
06/30/10	212,986.	0.	212,986.	212,986.
06/30/11	222,749.	0.	222,749.	222,749.
06/30/12	161,328.	0.	161,328.	161,328.
06/30/13	210,047.	0.	210,047.	210,047.
06/30/14	62,473.	0.	62,473.	62,473.
06/30/15	53,849.	0.	53,849.	53,849.
06/30/16	32,124.	0.	32,124.	32,124.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,296,839.	1,296,839.

=

=

### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

С

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

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

1

B Employer identification number

1

of

84 - 0510785

D Sequence:

Α	Name of the				
	ROCKY	MOUNTAIN	PUBLIC	MEDIA,	INC.

Unrelated business activity code (see instructions)

516100

#### DUAL USE OF EQUIPMENT AND FACILITIES Describe the unrelated trade or business Е

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales 94,187. Less returns and allowances <b>c</b> Balance	1c	94,187.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	94,187.		94,187.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 2	12	140,200.		140,200.
13	Total. Combine lines 3 through 12	13	234,387.		234,387.

#### Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		32,723.
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion		
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 3		605,214.
15	Total deductions. Add lines 1 through 14		637,937.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-403,550.
17	Deduction for net operating loss. See instructions		0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-403,550.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedule A	Form 990-T) 2022

223741 01-16-23

15430328 147228 114786ZZ

	ule A (Form 990-T) 2022				Page
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				Yes No
9 Part I	Do the rules of section 263A (with respect to property ) IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s	· · · · ·	-		
•	A	tate, Zir Codej. Orieck			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued			-	_
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
3	Deductions directly connected with the income	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
3 4		through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	iter here and on Part I,			0.
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part 1</u> 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part 1</u> 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part 1</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part 1</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 5 Part V 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 5 Part V 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	tter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	tter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	D
4 5 Part 1 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Check if a dual-use. See B B S S S S S S S S S S S S S S S S	c	D 9
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Check if a dual-use. See B B S S S S S S S S S S S S S S S S	c	D 9
4 5 Part V 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) Check if a dual-use. See B B S S S S S S S S S S S S S S S S	c	D 9
4 5 Part V 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A		line 6, column (B) Check if a dual-use. See B B Check if a dual-use. See Check if a dual-	C	0. 0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Er         V       Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, of B         B		line 6, column (B) Check if a dual-use. See B B Check if a dual-use. See Check if a dual-	C	0. 0.

## 15430328 147228 114786ZZ

57 2022.05080 ROCKY MOUNTAIN PUBLIC MED 114786Z1

(2)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instruction)       Image: Controlled Organization (see instruction)         (3)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)         (4)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)         Totals       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)         1. Description of income       2. Amount of income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)         (1)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)       Image: Controlled Organization (see instructions)	Cobod	10 A (Form 000 T) 2022	<b>,</b>										1 Daga <b>2</b>
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made       5. Part of column 4 bit is included in the itom's gross income       6. Deductions directly connected with income in column 5         (1)       Image: specified (see instructions)       Net unrelated income (loss) (see instructions)       Image: specified payments made       Total of specified payments made       11. Deductions directly connected with income in column 10         (2)       Image: specified income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 this included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: specified income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 this included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: specified income       10. Part of column 9 this 8, column (8)       11. Deductions directly connected with income in column 10         (1)       Image: specified income       10. Part of column 5 and 10. Enter hree and on Part 1, line 8, column (8)       10. Image: specified income       10. Part Output         (2)       Image: specified income       2. Arrount of income       3. Deductions directly connected (attach statement)       1. Deductions and defactios 3 and 4. income (specified	Part	VI Interest, Annu	_ uities, Ro	yalties, and Re	ents from	n Control	led Or	ganizations	<b>S</b> (se	e instruct	ions)		Page 3
organization     identification     income (loss)     payments made     that is included in the controlling organizations     connected with       (1)     Image:				-			E	- Exempt Control	lled Org	ganization	s		
number         (see instructions)         ton's gross income         income in column 5           (2)								vments made that		included	in the		
[2]       Image: Constrained organizations       Image: Constrained organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made payments made controlling organization's gross income       11. Deductions directly connected with income in column 10         [2]       Image: Controlling organization's gross income       11. Deductions directly connected with income in column 10         [2]       Image: Controlling organization's gross income       11. Deductions directly connected with income in column 10         [2]       Image: Controlling organization's gross income       11. Deductions directly connected with income in column 10         [2]       Image: Controlling organization's gross income       Add colums 5 and 10. Enter here and on Part 1, line 8, column (A)         [3]       Image: Controlling organization (see instructions)       0.       0.         Totals       Image: Controlling organization (see instructions)       Image: Controlling organization (see instructions)       Image: Controlling organization (see instructions)         1. Description of income       2. Amount of income       3. Deductions (atch statement)       Image: Controlling organization (see instructions)         10       Image: Controlling organization (see instructions)       Image: Controlling organization (see instructions)       Image: Controlling organization (see instructions)         11       Image: Controlling organization (see instruc				number	(see ins	structions)						income	in column 5
(3)       Nonexempt Controlled Organizations       10. Part of column 9 income (loss) (see instructions)       11. Deductions directly connected with income in column 10         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)	(1)												
(g)       Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)	(2)												
Nonexempt Controlled Organizations         10. Part of column 9 that is included in the controlling organizations         11. Deductions directly connected with income in column 10           (1)	(3)												
7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)	(4)												
income (loss) (see instructions)         payments made         that is included in the controlling organization's gross income         connected with income in column 10           (1)		<b>T</b> errelate to a sure					-					Destatio	
(2)       (3)       (4)       (5)       (6)         (3)       (4)       (5)       (7)       (	1	. Laxable income	in	come (loss)		•		that is inc controlling	luded i organiz	n the ation's	connected with		ed with
(2)       (3)       (4)       (5)       (6)         (3)       (4)       (5)       (7)       (	(1)												
(4)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A)       Add columns 6 and 11. Enter here and on Part I, line 8, column (A)         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization income       (see instructions)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       2       2       2       2         (3)       2       2       2         (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       2         7       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       0.         1       Description of exploited activity:       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 9, column (A)       0.         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       3         5       Gross income from activity that is not unrelated business income       5         6       7       Exceens exempt expenses. Subtract line 5 from line	(2)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)       Add columns 6 and 11. Enter here and on Part I, line 8, column (A)         Totals       0.       0.       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       3. Deductions directly connected (attach statement)       5. Total deductions and column 5. Enter here and on Part I, line 9, column (B)       5. Total deductions and column 5. Enter here and on Part I, line 9, column (B)         1       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (A)         1       Description of exploited activity: Line 9, column (B)       0.       0.         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (B)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 9, column (A)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       3         5       Gross income from activity that is not unrelated business income       5         6       5       6	(3)												
Totals       Enter here and on Part I, line 8, column (A)       Enter here and on Part I, line 8, column (B)       0,       0,         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       4. Set-asides (attach statement)       5. Total deductions and set-asides (attach statement)       5. Total deductions and set-asides (attach statement)       6.       0,         (1)       2. Amount of income       3. Deductions       4. Set-asides (attach statement)       5. Total deductions and set-asides (attach statement)       5. Total deductions and set-asides (add coils 3 and 4)         (1)       4.       4.       4.       4.       6.       6.         (3)       4.       4.       4.       4.       6.       6.       6.         Totals       0.	(4)												
Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (add cols 3 and 4)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (add cols 3 and 4)         (1)	Totals							Enter here	and on	Part I, (A)	Ente	er here an	d on Part I, umn (B)
1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (attach statement)         (1)       (1)       (1)       (1)       (1)       (1)         (2)       (2)       (2)       (2)       (2)       (2)         (3)       (2)       (2)       (2)       (2)       (2)       (2)         (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (A)       (3)       (2)       (3)         1       Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.       0.         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (A)       2       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4       5         5       Gross income from activity that is not unrelated business income       5       6       6         6       Expenses attributable to income entered on line 5       6       6       6       6 <td></td> <td>VII Investment I</td> <td>Income o</td> <td>of a Section 50</td> <td>1(c)(7), (</td> <td>9), or (17)</td> <td>Organ</td> <td>l hization (s</td> <td>oo insti</td> <td></td> <td></td> <td></td> <td>••</td>		VII Investment I	Income o	of a Section 50	1(c)(7), (	9), or (17)	Organ	l hization (s	oo insti				••
(2)       (3)					-(-//-//	2. Amou	nt of	3. Deduction	ons ected	4. Set-		nt) and	set-asides
(2)       (3)	(1)												
(4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 2. Enter here and on Part I, line 9, column (B)         Totals       0.       0.       0.       0.       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0. <td>(2)</td> <td></td>	(2)												
Add amounts in column 2. Enter here and on Part I, line 9, column 6.       Add amounts in column 5. Enter here and on Part I, line 9, column (A)         Totals       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.         1       Description of exploited activity:	(3)												
column 2. Enter here and on Part I, line 9, column (A)       column 5. Enter here and on Part I, line 9, column (B)         0.       Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:	(4)												
Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1						column 2 here and o	. Enter n Part I, ımn (A)					colu here a	ımn 5. Enter and on Part I, 9, column (B)
1       Description of exploited activity:	1		A		<u> </u>								0.
2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1					, Other I	nan Adve	ertising	g income (	see ins	tructions)			
<ul> <li>3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)</li> <li>3</li> <li>4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</li> <li>5 Gross income from activity that is not unrelated business income</li> <li>6 Expenses attributable to income entered on line 5</li> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>	-						<b>D</b>		(				
line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete         lines 5 through 7       4         5       4         6       5         6       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line											2		
<ul> <li>4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</li> <li>5 Gross income from activity that is not unrelated business income 5</li> <li>6 Expenses attributable to income entered on line 5</li> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>	3			•					-		2		
lines 5 through 745Gross income from activity that is not unrelated business income56Expenses attributable to income entered on line 567Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line6	Л	, , , , ,											
5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       6	-	· · ·									4		
<ul> <li>6 Expenses attributable to income entered on line 5</li> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>	5												
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line													
											7		

Schedule A (Form 990-T) 2022

223731 01-16-22

15430328 147228 114786ZZ

	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basi	S.	
	Α				
	в				
	c 🗌				
	D 🗌				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		А	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а	-				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or		•	•	0.
	5	, , , , , ,			
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'	line 5, subtract line 6 from line 5. If line 5 is less				
0	than line 6, enter zero Excess readership costs allowed as a				
8	-				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	-	otal or zero nere ar	id on	0.
Part	Part II, line 13           X         Compensation of Officers, Di	rectors and Trustees			۰.
1 411			(see instructions)	2 Dereentere	1 Componentian
	1. Name	<b>2.</b> Title		3. Percentage of time devoted	<ol> <li>Compensation attributable to</li> </ol>
	I. Name	<b>2.</b> Inte			unrelated business
(1)				to business %	
( <u>1</u> )				%	
<u>(2)</u>					
(3)				%	
(4)				%	
<b>T</b>	Estadous and as Bast II firs 4				0
Part					0.
Part	Supplemental information (si	ee instructions)			

223732 01-16-23

1

FORM 990-T (A)

DESCRIPTION	AMOUNT
PRODUCTION SERVICES	
TOTAL TO SCHEDULE A, PART I, LINE 12	14

OTHER INCOME

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TOWER RENTAL GENERAL AND ADMIN ALLOCATION PRODUCTION COSTS		478,289. 126,119. 806.
TOTAL TO SCHEDULE A, PART II	, LINE 14	605,214.

990-T SCH 2	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	165,008.	0.	165,008.	165,008.
06/30/20	293,630.	0.	293,630.	293,630.
06/30/21	123,885.	0.	123,885.	123,885.
06/30/22	142,549.	0.	142,549.	142,549.
NOL CARRYON	VER AVAILABLE THIS	YEAR	725,072.	725,072.

## STATEMENT 2

т

140,200.

140,200.