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

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

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

A For the 2021 calendar year, or tax year beginning JUL 1. 2021 and ending JUN 30, 2022 C Name of organization Check if applicable: D Employer identification number Address change ROCKY MOUNTAIN PUBLIC MEDIA, INC. Name change 84-0510785 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 2101 ARAPAHOE STREET (303) 892-6666 26,337,291. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return DENVER, CO 80205 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: AMANDA MOUNTAIN for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► RMPBS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1956 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: ROCKY MOUNTAIN PUBLIC MEDIA Governance EXISTS TO STRENGTHEN THE CIVIC FABRIC OF COLORADO. if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 115 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 200 6 170 362. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year** 23,135,010. 23,241,112. Contributions and grants (Part VIII, line 1h) 8 Revenue 316,182. 310,144. Program service revenue (Part VIII, line 2g) 462,176 796,980. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,250. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 189,477 11 24,102,845 24,351,486. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,980,832. 9,026,689. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 990 274. 571 521. **b** Total fundraising expenses (Part IX, column (D), line 25) 9,996,360. 11,546,009. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,967,466. 21,144,219. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,135,379. 3,207,267. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** o 65,340,096. 63,457,515 Total assets (Part X, line 16) 4,394,460, 5,460,928. 21 Total liabilities (Part X, line 26) 59,063,055. 三年 59,879,168. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KARLA HANLON, COO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature DORI J. EGGETT DORI J. EGGETT 03/27/23 P00645252 Paid self-employed Firm's name PLANTE & MORAN, PLLC 38-1357951 Preparer Firm's EIN ▶ Firm's address > 8181 E TUFTS AVE, SUITE 600 Use Only Phone no.303-740-9400 DENVER, CO 80237 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
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?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	120 702 .
4a	(Code:) (Expenses \$9,981,444. including grants of \$) (Revenue \$	139,782.
	PROVIDE A DYNAMIC, MULTI-FACETED, PUBLIC TELECOMMUNICATIONS	
	SERVICE TO MEET THE CULTURAL, EDUCATIONAL, INFORMATIONAL	
	AND ENTERTAINMENT NEEDS AND INTERESTS OF THE PEOPLE IT	
	SERVES.	
	2 245 057	
4b)
	THE OPERATION OF A PUBLIC RADIO STATION WITH COMMUNITY, CULTURE AND	
	MUSIC PROGRAMMING SERVING A DIVERSE COMMUNITY.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other granus and issa (Describe on Cabadala C)	
4d	Other program services (Describe on Schedule O.)	`
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 12,227,301.	Form 990 (2021)
		rorm 330 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
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? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	5			

Form 990 (2021) ROCKY MOUNTAIN PUBLIC MEDIA

Part IV | Checklist of Required Schedules (continued)

1 0	Continued)		V		
22	Did the examination report more than \$5,000 of grants or other assistance to or for democtic individuals on		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
		23	х		
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23			
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
		24a		Х	
h	Schedule K. If "No," go to line 25a	24b			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240			
·		24c			
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х	
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete				
		25b		Х	
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
		26		Х	
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х	
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? <i>If</i>				
-	"Yes," complete Schedule L, Part IV	28a		Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200			
·	"Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
-	contributions? If "Yes," complete Schedule M	30		Х	
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? <i>If</i> "Yes," <i>complete</i>	<u> </u>			
-	Coloradado N. Dortell	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, 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		
	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		Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38					
	Note: All Form 990 filers are required to complete Schedule O	38	х		
Pa					
	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 77				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Х		

ROCKY MOUNTAIN PUBLIC MEDIA, INC. Form 990 (2021) ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 84-0510785

	t (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
•	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6069			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
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	21			
	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	20			
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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	[4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	[5		Х
6	Did the organization have members or stockholders?	[6		Х
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		Х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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		Х
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		Х
	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 f	orm?	11a	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		12a	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		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
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		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	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?		16a		Х
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 filed ▶NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, and	financ	cial	
	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				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)	. <u>g</u> a	<u>_</u>		C)	ان م.		(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		Cer ar	ia a a	irecto	r/trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	Institutional trustee	e e	Key employee	Highest compensated employee	er	'		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) AMANDA MOUNTAIN	40.00									
PRESIDENT & CEO	0.50	Х		Х				244,568.	0.	15,756.
(2) KARLA HANLON	40.00									
CHIEF OPERATING OFFICER	0.50			Х				146,060.	0.	4,135.
(3) DENNIS DIAMOND	40.00									
VICE PRESIDENT OF CORPORATE PARTNERS						х		137,538.	0.	2,724.
(4) KIM CLEMENSEN	40.00									
CHIEF OF DIVERSITY, EQUITY, AND INCL						Х		136,691.	0.	6,759.
(5) LINDA KOTSAFTIS	40.00									
CHIEF CONTENT OFFICER						Х		121,730.	0.	8,945.
(6) JOSEPH KLOSS	40.00									
CHIEF TECHNOLOGY OFFICER						Х		118,176.	0.	4,164.
(7) KIRBY WRITTEN-SMITH	40.00									
SENIOR DIRECTOR OF CORPORATE PARTNER						Х		112,274.	0.	9,924.
(8) COLLEEN ABDOULAH	4.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(9) TIMOTHY HADDON	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) NANCY SHEA	4.00									
TREASURER		Х		Х				0.	0.	0.
(11) DUKE HARTMAN	4.00									
SECRETARY		Х		Х				0.	0.	0.
(12) LISA NEAL-GRAVES	4.00									
MEMBER AT LARGE		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.
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1,017,037.

0.

52,407.

11

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Total (add lines 1b and 1c)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CONTRIBUTOR DEVELOPMENT PARTNERSHIP		
10 GUEST ST, 5TH FLOOR, BOSTON, MA 02135	DIRECT MAIL AND DIGITAL	1,222,899.
DONOR DEVELOPMENT STRATEGIES LLC		
141 UNION BOULEVARD, LAKEWOOD, CO 80228	CANVASSING	369,309.
THE NIELSEN COMPANY (US), LLC, 675 AVE OF		
THE AMERICAS, 4TH FLOOR, NEW YORK, NY	DATA ANALYTICS	217,812.
NEXT GENERATION FUNDRAISING, INC., 600 W		
GERMANTOWN PIKE SUITE 400, PLYMOUTH	DIRECT MAIL AND DIGITAL	179,760.
MEDIA MANAGEMENT LLC		
PO BOX 446, DACONO, CO 80514	MASTER CONTROL SERVICES	175,000.
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	
\$100,000 of compensation from the organization	11	
	<u> </u>	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 ROCKY MOUNTAI	84-0510785									
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	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	4.00	v							0	0
DIRECTOR		Х						0.	0.	0,
Total to Part VII, Section A, line 1c										

Form 990 (2021) ROCKY MOUNT
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					iunction revenue	business revenue	sections 512 - 514				
SΩ	1:	a Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	12,001,686.								
9		c Fundraising events 1c	121,487.								
Ę,											
ig ig			2,444,287.								
ons,		ÿ \ , , , , , , , , , , , , , , , , , ,	2,111,207.								
utio	1	f All other contributions, gifts, grants, and	8,673,652.								
들 된		similar amounts not included above 1f									
ont		g Noncash contributions included in lines 1a-1f	556,649.	22 241 112							
Og		h Total. Add lines 1a-1f	P	23,241,112.							
		 	Business Code	440.050		110.000					
Se	2		511110	119,862.		119,862.					
e vi	١	b PRODUCTION STUDIO RENT	511110	115,062.	115,062.						
S	(CONTRACT REVENUE	900099	74,838.	24,338.	50,500.					
ar.	(d BROADCAST ROYALTIES	900099	382.	382.						
Program Service Revenue	(e									
₫	1	f All other program service revenue									
		g Total. Add lines 2a-2f		310,144.							
	3	Investment income (including dividends, interes	t, and								
		other similar amounts)	▶	469,728.			469,728.				
	4	Income from investment of tax-exempt bond pro									
	5	Royalties	.								
		(i) Real	(ii) Personal								
	6	a Gross rents 6a									
		b Less: rental expenses 6b									
		c Rental income or (loss) 6c									
		d Net rental income or (loss)									
		a Gross amount from sales of (i) Securities	(ii) Other								
	′	assets other than inventory 7a 2,193,844.	(.,, 0								
		, —									
a)		b Less: cost or other basis and sales expenses 7b 1,866,592.									
Ž											
ther Revenue		()		327,252.			327,252.				
Æ		d Net gain or (loss)	·····	327,232.			327,232.				
‡	8	a Gross income from fundraising events (not									
0		including \$ 121,487. of									
		contributions reported on line 1c). See	20.661								
		Part IV, line 188a	32,661.								
		b Less: direct expenses 8b	119,213.	0.6 ===			24				
		Net income or (loss) from fundraising events		-86,552.			-86,552.				
	9 :	a Gross income from gaming activities. See	l								
		Part IV, line 199a									
		b Less: direct expenses 9b									
	(c Net income or (loss) from gaming activities									
	10	a Gross sales of inventory, less returns									
		and allowances 10a									
	ı	b Less: cost of goods sold10b									
	(c Net income or (loss) from sales of inventory	>								
<u>"</u>			Business Code								
Miscellaneous Revenue	11 :	a MISCELLANEOUS INCOME	900099	89,802.			89,802.				
ane Duc	ı	b									
elle eve		c									
lisc Be		d All other revenue									
2		e Total. Add lines 11a-11d		89,802.							
	12	Total revenue. See instructions		24,351,486.	139,782.	170,362.	800,230.				

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Form 990 (2021) ROCKY MOUNTAIN PUBL Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	504 335		504 225	
	trustees, and key employees	524,335.		524,335.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	7 206 440	4 276 002	1 247 061	1 (02 205
7	Other salaries and wages	7,206,449.	4,276,093.	1,247,961.	1,682,395.
8	Pension plan accruals and contributions (include	170 172	106 471	20 011	41 000
	section 401(k) and 403(b) employer contributions)	179,172.	106,471.	30,811.	41,890.
9	Other employee benefits	554,531. 562,202.	312,934.	118,475.	123,122.
10	Payroll taxes	562,202.	311,870.	127,629.	122,703.
11	Fees for services (nonemployees):				
_	Management	47,528.		47,528.	
b	• • • • • • • • • • • • • • • • • • • •	96,175.		96,175.	
	Accounting	30,173.		30,173.	
	Lobbying Professional fundraising services. See Part IV, line 17	571,521.			571,521.
f	Investment management fees	42,500.		42,500.	0,1,011.
	Other. (If line 11g amount exceeds 10% of line 25,	12,000.		12,000.	
9	column (A), amount, list line 11g expenses on Sch 0.)	2,468,769.	1,004,928.	438,977.	1,024,864.
12	Advertising and promotion	790,880.	315,004.	10,579.	465,297.
13	Office expenses	1,223,588.	310,807.	313,110.	599,671.
14	Information technology	, , .	, -	, ,	, -
15	Royalties				
16	Occupancy	2,314,805.	1,807,031.	343,678.	164,096.
17	Travel	92,009.	70,675.	15,650.	5,684.
18	Payments of travel or entertainment expenses	,	,	,	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	211,847.	50,485.	116,121.	45,241.
20	Interest	408,484.		18,716.	389,768.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	686,622.	565,451.	73,442.	47,729.
23	Insurance	379,730.	312,480.	31,201.	36,049.
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	2,783,072.	2,783,072.		
b					
С					
d					
	All other expenses	04 444 040	10.007.001	2 505 000	F 222 222
25	Total functional expenses. Add lines 1 through 24e	21,144,219.	12,227,301.	3,596,888.	5,320,030.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			420.	1	420.
	2	Savings and temporary cash investments	10,944,280.	2	9,313,860.		
	3	Pledges and grants receivable, net	3,553,077.	3	3,199,250.		
	4	Accounts receivable, net	868,577.	4	506,059.		
	5	Loans and other receivables from any current	·	-	,		
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons describ		6			
w	7	Notes and loans receivable, net		Г	6,690,000.	7	6,690,000.
Assets	8	Inventories for sale or use			93,768.	8	120,760.
As	9	Donat and a company of the company of the company			286,874.	9	432,392.
		Land, buildings, and equipment: cost or other			•		·
		basis. Complete Part VI of Schedule D		17,938,178.			
	b		1		14,114,169.	10c	13,267,017.
	11	Investments - publicly traded securities	12,628,598.	11	12,074,678.		
	12	Investments - other securities. See Part IV, line		7,482,221.	12	7,254,285.	
	13	Investments - program-related. See Part IV, lin	, ,	13	, ,		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,795,531.	15	12,481,375.		
	16	Total assets. Add lines 1 through 15 (must ed			63,457,515.	16	65,340,096.
	17	Accounts payable and accrued expenses	846,251.	17	1,713,132.		
	18	Grants payable			•	18	
	19	Deferred revenue			270,218.	19	480,706.
	20	Tax-exempt bond liabilities			·	20	·
	21	Escrow or custodial account liability. Complet				21	
"	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
Ē		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre	-		3,277,991.	23	3,267,090.
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	•				
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			4,394,460.	26	5,460,928.
		Organizations that follow FASB ASC 958, c	heck her	e > X			
es		and complete lines 27, 28, 32, and 33.		· —			
auc	27	Net assets without donor restrictions			58,292,078.	27	58,495,862.
Bala	28	Net assets with donor restrictions		770,977.	28	1,383,306.	
5		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.	ŕ	. —			
ģ	29	Capital stock or trust principal, or current fund	ds			29	
ets.	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			59,063,055.	32	59,879,168.
~	33	Total liabilities and net assets/fund balances			63,457,515.	33	65,340,096.
					, , ,		Form 990 (2021

	rt XI Reconciliation of Net Assets				<u> </u>
	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	24	351,	486.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	,144,	219.
3	Revenue less expenses. Subtract line 2 from line 1	3	3 ,	207,	267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59	,063,	055.
5	Net unrealized gains (losses) on investments	5	-2	203,	875.
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	-	-187,	279.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	59	879,	168.
Pai	t 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** ROCKY MOUNTAIN PUBLIC MEDIA, INC. 84-0510785 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				. ,	.,	. ,
	membership fees received. (Do not						
	include any "unusual grants.")	27,782,561.	20,099,119.	19,269,646.	23,150,039.	23,241,112.	113,542,477.
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	27,782,561.	20,099,119.	19,269,646.	23,150,039.	23,241,112.	113,542,477.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						113,542,477.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	27,782,561.	20,099,119.	19,269,646.	23,150,039.	23,241,112.	113,542,477.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	374,755.	476,282.	465,680.	357,546.	469,728.	2,143,991.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1,277.					1,277.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	58,679.	138,065.	291,659.	162,025.	89,802.	740,230.
11	Total support. Add lines 7 through 10						116,427,975.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	758,756.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.52 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	95.72 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >
18	•		-	•	•		

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. 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.)

	Yes	No
1		
•		
2		
20		
3a		
3b		
20		
3c		
4a		
Ala		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
34		
9b		
0-		
9c		
9c		
9c 10a		

Par	t IV Supporting Organizations (continued)			
	· · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	A family member of a person described on line 11a above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 organization(s)	1		
Sec	tion 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		
Sec	tion 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 instructions).			
а	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 supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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		
Sect	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s	3		
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro		5		
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.		7		
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount					
			(i)	(ii)	10	(iii)
Secti				Underdistribution	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2017 AMOUNT: \$ 58,679.
2018 AMOUNT: \$ 138,065.
2019 AMOUNT: \$ 291,659.
2020 AMOUNT: \$ 162,025.
2021 AMOUNT: \$ 89,802.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

RO	84-0510785				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are get the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one			
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (a) instead of the contributor name and address), II, and III.	sientific,			
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled me here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it pole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFing requirements of Schedule B (Form 990).	• • • • • • • • • • • • • • • • • • • •			
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)			

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

84-0510785

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
NO.	Name, audress, and ZIF + 4	\$	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll 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.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

ROCKY MOUNTAIN 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				

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** ROCKY MOUNTAIN PUBLIC MEDIA, INC. 84 - 0510785Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizations: Complete Part III.						
ivam	ne of organization			Emp	loyer identification number		
D -		NTAIN PUBLIC MEDIA, INC.			84-0510785		
Ра	art I-A Complete if the o	rganization is exempt und	er section 501(c)	or is a section 527 or	ganization.		
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political camp	ditures		> 9	S		
Pa	art I-B Complete if the o	rganization is exempt und	er section 501(c)(3).			
1	Enter the amount of any excise ta	x incurred by the organization und	der section 4955	▶ 9	}		
2	Enter the amount of any excise ta	x incurred by organization manag	ers under section 4955	▶ 9			
	If the organization incurred a sect						
	Was a correction made?						
	If "Yes," describe in Part IV.						
Pa	art I-C Complete if the o	rganization is exempt und	er section 501(c),	except section 501(c	e)(3).		
1	Enter the amount directly expend	ed by the filing organization for se	ction 527 exempt funct	ion activities > 9	S		
2	Enter the amount of the filing orga	anization's funds contributed to ot	her organizations for se	ection 527			
	exempt function activities			> 9	S		
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here a	and on Form 1120-POL,				
	line 17b			>	S		
4	Did the filing organization file For	m 1120-POL for this year?			Yes No		
5	Enter the names, addresses and	employer identification number (El	N) of all section 527 pol	litical organizations to which	n the filing organization		
		zation listed, enter the amount pai			·		
		promptly and directly delivered to		•	e segregated fund or a		
	political action committee (PAC).	If additional space is needed, prov	/ide information in Part	IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's funds. If none, enter -0	contributions received and promptly and directly		
				lulius. Il florie, effici -0	delivered to a separate		
					political organization.		
					If none, enter -0		

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the org section 501(h)).		empt under section		ed Form 5768 (ele	ction under	
A Check ► if the filing organiza expenses, and shall	re of excess lobbying	• • •		group member's name	e, address, EIN,	
	tion checked box A ts on Lobbying Exp	and "limited control" pro penditures	ovisions apply.	(a) Filing organization's	(b) Affiliated group totals	
(The term "expend	ditures" means am	ounts paid or incurred.)		totals	totals	
1a Total lobbying expenditures to influ	rence public opinion	(grassroots lobbying)				
, .	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
c Total lobbying expenditures (add li	24,502.					
d Other exempt purpose expenditure	15,779,188.					
e Total exempt purpose expenditure	e Total exempt purpose expenditures (add lines 1c and 1d)					
f Lobbying nontaxable amount. Ente	er the amount from t	he following table in botl	n columns.	940,185.		
If the amount on line 1e, column (a) o	or (b) is: The lo	obbying nontaxable am	ount is:			
Not over \$500,000	20% (of the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000 \$100,	000 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000 \$175,	000 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	000,000 \$225,	000 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000	\$1,00	0,000.				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			235,046.		
h Subtract line 1g from line 1a. If zer	*			0.		
i Subtract line 1f from line 1c. If zero				0.		
j If there is an amount other than ze reporting section 4911 tax for this		_	ation file Form 4720		Yes No	
(Some organizations t	hat made a section	veraging Period Under 501(h) election do not l arate instructions for lir	have to complete all o	of the five columns be	low.	
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a Lobbying nontaxable amount	760,424	761,399.	812,846.	940,185.	3,274,854.	
b Lobbying ceiling amount (150% of line 2a, column(e))					4,912,281.	
c Total lobbying expenditures	10,255	10,598.	11,355.	24,502.	56,710.	
d Grassroots nontaxable amount	190,100	190,350.	203,212.	235,046.	818,714.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,228,071.	
f Grassroots labbuing expanditures						

Schedule C (Form 990) 2021

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)).

f the	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		-+	(b)	
	lobbying activity.	Yes	No	,	Amo	ount
	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:					
a \	Volunteers?					
b I	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?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	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? III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	\ or	<u> </u>	tion	
			,, 0.	300		
	501(c)(6).			1	Yes	N
art	501(c)(6).			1	Yes	N
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	N
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "	prior year? 501(c)(5), or	2 3 Sec	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes."	prior year? 501(c)(5 No" OR (), or b) Pa	2 3 sec art II	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 Sec	tion	3, is
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 sec art II	tion	
art ! art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 sec art II	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art II	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 sec art II 1 2a 2b	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 sec art II	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 1 501(c)(5 No" OR (), or b) Pa	2 3 Sec art II 1 2a 2b 2c	tion	
art art art art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 Sec art II 1 2a 2b 2c	tion	
art l l l l l l l l l l l l l l l l l l l	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expension and political expension and political expension and political expension and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expension	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 Sec art II 1 2a 2b 2c	tion	
art 2 art b c c c c c c c c c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the summer of 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? 1 501(c)(5 No" OR (l), or b) Pa	2 3 sec art II 1 2a 2b 2c 3	tion	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Employer identification number $84 \!-\! 0510785$

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts. (Complete if the	;
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds and	other accoun	ts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically import	ant land area	
	Protection of natural habitat		Preservation of	a certified historic s	tructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation ea	sement on the	last
	day of the tax year.			Held a	t the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements durir	ng the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes t	he	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar Ass	ets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet wo	orks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet works	of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public ser	vice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				lule D (Form 9	90) 2021

Pai	rt III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	Other	Similar	Assets	(conti	nued)	
3	Usin	g the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sig	nificant us	se of its			
	colle	ection items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	m					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Prov	ride a description of the organization's co	llections and explain	how the	ey further th	ne organizatio	n's exem	ot purpose	e in Part	XIII.		
5	Duri	ng the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other	r similar a	ssets				
	to be	e sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's col	llection?				Yes		No
Pai	rt IV	Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a	ls th	e organization an agent, trustee, custodi	an or other intermedi	iary for c	ontributions	s or other ass	ets not in	cluded				
	on F	orm 990, Part X?							\square	Yes		No
b		es," explain the arrangement in Part XIII										
										Amoun	t	
С	Begi	nning balance						1c				
d		tions during the year						1d				
е		ibutions during the year						1e				
f		ng balance						1f				
2a		the organization include an amount on Fo						y?		Yes		No
b	If "Y	es," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII					
Pai	rt V	Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 10).				
			(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three ye	ars back	(e) Fou	r years	back
1a	Begi	nning of year balance										
b	Con	tributions										
С		investment earnings, gains, and losses										
d	Gran	nts or scholarships										
е		er expenditures for facilities										
	and	programs										
f		inistrative expenses										
g		of year balance										
2	Prov	ride the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Boar	rd designated or quasi-endowment		%								
b		nanent endowment	%	_								
С	Term	n endowment	<u>~</u> %									
	The	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are t	there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administere	ed for the	organizat	ion			
	by:										Yes	No
	(i)	Unrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4	Desc	cribe in Part XIII the intended uses of the	organization's endov	wment fu	unds.							
Pai	rt VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X, lii	ne 10.				
		Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Ac	cumulated	d l	(d) Boo	k valu	e
			basis (investm	nent)	basis	(other)	depi	reciation				
1a	Land	d			4	,985,880.				4	,985,	880.
b		dings			5	,183,583.		244,0	23.	4	,939,	560.
С		sehold improvements										
d		pment			4	,010,882.		2,776,2	45.	1	,234,	637.
е	Othe				3	,757,833.		1,650,8	93.	2	,106,	940.
Tota	I. Add	l lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990. Part	X. colum	n (B). line 10	0c.)				13	,267,	017.
									chedule	D (Form	n 990)	2021

201104410 2 (1 21111 222) 2221	UBLIC MEDIA, INC.		84-0510785	Page 3
Part VII Investments - Other Securities.	F 000 B : "/ "	(4). O F 200 B - 17 " - 15		
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	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	6,920,782.	COST		
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,254,285.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	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 1	11d See Form 990 Part X line 15		
	Description	11d. Gee 1 Gilli 336, 1 art X, iiile 13.	(b) Book	value
	Description		- ' '	
			11,	766,737
(2) OPERATING LICENSE				53,017
(3) DEPOSITS				10,806
(4) BENEFICIAL INTEREST IN CRUTS				127,291
(5) ASSETS HELD FOR RESALE				523,524
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		. 🕨	481,375
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, lir	ne 25.	
(a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2021

Part	XI Reconciliation of Revenue per Audited Financial S	tatements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 T	Total revenue, gains, and other support per audited financial statements			1	22,013,009.
2 A	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	Net unrealized gains (losses) on investments	2a	-2,203,875.		
b D	Donated services and use of facilities	2b	95,177.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		75,803.		
e A	Add lines 2a through 2d			2e	-2,032,895.
3 S	Subtract line 2e from line 1			3	24,045,904.
4 A	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a lı	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	42,500.		
b 0	Other (Describe in Part XIII.)	4b	263,082.		
	Add lines 4a and 4b			4c	305,582.
5 T	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	24,351,486.
Part	XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	line 12a.			
1 T	Total expenses and losses per audited financial statements			1	21,288,229.
2 A	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	Donated services and use of facilities	2a	95,177.		
b F	Prior year adjustments	2b			
c C	Other losses	2c			
d C	Other (Describe in Part XIII.)	2d	91,333.		
e A	Add lines 2a through 2d			2e	186,510.
3 S	Subtract line 2e from line 1			3	21,101,719.
4 A	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	42,500.		
b C	Other (Describe in Part XIII.)	4b			
c A	Add lines 4a and 4b			4c	42,500.
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	21,144,219.
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			; Part X, li	ine 2; Part XI,
lines 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inforr	nation.		
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
		== 000			
UNCOL	LECTIBLE PLEDGES	75,803	•		
D1D# 1	NT TIME AD ADMIND ADMINDING				
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
		007 006			
LOSS	ON INVESTMENT IN SUBSIDIARY	227,936	•		
a		25 146			
CHANG.	E IN VALUE OF SPLIT-INTEREST AGREEMENTS	35,146	•		
попат	MO GOVERNMENT DE DARM ME LETTE AD	262 002			
TOTAL	TO SCHEDULE D, PART XI, LINE 4B	263,082	•		
י שמעם	YII IINE 2D _ OTHED ADTHOUGHERMENTS.				
rari .	XII, LINE 2D - OTHER ADJUSTMENTS:				
SPECT	AL EVENT EXPENSES	91,333			
21 11011	LILL BILLINGED	71,333	•		

Schedule D	(Form 990) 2021	ROCKY	MOUNTAIN	PUBLIC MEDIA, INC.	84-0510785	Page 5
Part XIII	(Form 990) 2021 Supplemental Info	rmation	(continued)			
			(continueu)			
					<u> </u>	

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Employer identification number

84-0510785

required to complete this par	τ						
1 Indicate whether the organization rais	sed funds through any	of the followi	ng activ	ities. (Check all that apply.		
a X Mail solicitations	•	X Solicita	ation of	non-q	overnment grants		
b X Internet and email solicitations					nment grants		
c X Phone solicitations			al fundra	-	-		
	٤	J L Specia	ii iui iui a	isii iy t	events		
d X In-person solicitations							
2 a Did the organization have a written of							
key employees listed in Form 990, F	'art VII) or entity in con	nection with p	orofessi	onal fu	undraising services?	X Yes	No
b If "Yes," list the 10 highest paid indi	viduals or entities (func	draisers) pursi	uant to a	agreer	ments under which th	ne fundraiser is to be	
compensated at least \$5,000 by the	organization.						
	T		T				
(i) Name and address of individual			(iii) fundra have cu or con	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activit	ty	have cu	stody	from activity	fundraiser	to (or retained by) organization
, ,			contribu	itions?	,	listed in col. (i)	Organization
CONTRIBUTOR DEVELOPMENT			Yes	No			
PARTNERSHIP - 10 GUEST ST,	DIRECT MAIL AND	DTGTTAL		Х	2,240,596.	433,096.	1,807,500.
NEXT GENERATION - 600 W					2,210,0501	200,000	2,007,000
	DIDEGE WATE AND	DIGIMAI		v	600 075	170 760	420 215
GERMANTOWN PIKE SUITE 400,	DIRECT MAIL AND	DIGITAL		X	609,975.	179,760.	430,215.
OONOR DEVELOPMENT STRATEGIES							
- 141 UNION BOULEVARD,	CANVASSING		Х		211,470.	369,309.	-157,839.
relefund - 1321 15TH ST,							
SUITE #100, DENVER, CO 80202	TELEMARKETING		Х		0.	21,026.	-21,026.
	+						
	<u> </u>						
	<u> </u>						
	•						
Total					3,062,041.	1,003,191.	2,058,850.
3 List all states in which the organization	on is registered or licen	sed to solicit	contribu	ıtione	•		
or licensing.	in is registered or licen	Sca to Solicit	CONTINUE	1110113	or rias been notified	it is exempt from reg	gistration
20							
						· · · · · · · · · · · · · · · · · · ·	
	,						

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LIVE AT THE		NONE	(add col. (a) through
			VINEYARDS			col. (c))
e l			(event type)	(event type)	(total number)	33 (3))
Revenue	1	Gross receipts	154,148.			154,148
	2	Less: Contributions	121,487.			121,487
_	3	Gross income (line 1 minus line 2)	32,661.			32,661.
	4	Cash prizes				
ار	5	Noncash prizes				
beuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				119,213.
-	10	Direct expense summary. Add lines 4 through		ı	<u> </u>	119,213,
	11	Net income summary. Subtract line 10 from I	٠,		_	-86,552
_	rt I					1 , , , , , , , ,
		\$15,000 on Form 990-EZ, line 6a.			roportou moro unam	
Т		φτο,σοσ στι τοπι σσο <u>ΕΕ</u> , πιο σα.		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
				billigo/progressive billige		oon (a) unough oon (c)
שמשמשמ						
+	1_	Gross revenue				
	2	Cash prizes				
	_	Oddin ph/200				
7	3	Noncash prizes				
Direct Experises	4	Rent/facility costs				
- 1						
	5	Other direct expenses		<u> </u>	N 0/	
+		Other direct expenses	Yes %	Yes %	5 Yes %	
1		Other direct expenses Volunteer labor	Yes % No	Yes % No	No No	
	6		No No		No No	
	6 7	Volunteer labor	No No n 5 in column (d)	No No	No No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)	No	No No	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	No n 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No No	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 eer the state(s) in which the organization conducted the organization licensed to conduct gaming and	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No No	
a b	6 7 8 Ent Is ti	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 eer the state(s) in which the organization conducted the organization licensed to conduct gaming and	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No states?	No	Yes No
a b	6 7 8 Ent Is till If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming and No," explain:	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these sevoked, suspended, or te	states?	No	Yes No
a b	6 7 8 Ent Is till If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization conduct organization licensed to conduct gaming action, explain: The any of the organization's gaming licenses researched.	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these sevoked, suspended, or te	states?	No	Yes No
a b	6 7 8 Ent Is till If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization conduct organization licensed to conduct gaming action, explain: The any of the organization's gaming licenses researched.	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these sevoked, suspended, or te	states?	No P	Yes No

scn	edule G (Form 990) 2021 ROCKY MOUNTAIN PUBLIC MEDIA, INC.	84-051	0/85	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	n The organization's facility	<u> 1</u>	3а	%
	An outside facility	<u> 1</u>	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Name P			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne —		
	organization's own exempt activities during the tax year > \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III	, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(T)	NAME OF FUNDRAISER: CONTRIBUTOR DEVELOPMENT PARTNERSHIP			
(- /	THE OF TONDATIONAL CONTRIBUTION DEVELOPMENT THE THE PROPERTY OF THE PROPERTY O			
(I)	ADDRESS OF FUNDRAISER: 10 GUEST ST, BOSTON, MA 02135			
(I)	NAME OF FUNDRAISER: NEXT GENERATION			
(I)	ADDRESS OF FUNDRAISER:			
600	W GERMANTOWN PIKE SUITE 400, PLYMOUTH MEETING, PA 19462			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Employer identification number 84-0510785

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMANDA MOUNTAIN	(i)	202,568.	42,000.	0.	7,770.	7,986.	260,324.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) KARLA HANLON	(i)	146,060.	0.	0.	3,955.	180.	150,195.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Employer identification number 84-0510785

Pa	rt I Types of Property	DDIC MEDIA	i, inc.		04	.0210/8		
	. ,	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	324	426,408.	FMV			_
7	Boats and planes			,				_
8	Intellectual property							_
9	Securities - Publicly traded	X	27	97,580.	FMV			_
	Securities - Publicity traded Securities - Closely held stock			27,000.				_
0								_
1	Securities - Partnership, LLC, or							
_	trust interests							
2	Securities - Miscellaneous							
3	Qualified conservation contribution -							
	Historic structures							
4	Qualified conservation contribution - Other							
5	Real estate - Residential							
6	Real estate - Commercial							
7	Real estate - Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies							
1	Taxidermy							
2	Historical artifacts							
3	Scientific specimens							_
4	Archeological artifacts							_
. . 25	Other (EVENT FOOD)	х	16	32,661.	FMV			_
	- Carlot		1	02,002.				_
6	Other ()							_
7	Other ()							
8	Other (<u> </u>						
9	Number of Forms 8283 received by the organi	`						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				_
							Yes	N
0a	During the year, did the organization receive b	-						
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		2
b	If "Yes," describe the arrangement in Part II.							
1	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	. 31	Х	L
2a								Γ
	contributions?					32a		2
h	If "Yes," describe in Part II.					223		
3	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is cha-	rked			
	describe in Part II.	, o. a. i i i i (o) 10	a type of property	ioi willon column (a) is che	onou,			
HA		Ale a lor - 4	fau F 000	<u> </u>	Schedule	NA /= -	000	

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Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROCKY MOUNTAIN PUBLIC MEDIA, INC.

Employer identification number 84-0510785

FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE COMMITTEE REVIEWS THE 990 WITH MANAGEMENT AND THE 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

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021		Page
Name of the organization ROCKY MOUNTAIN PUBLIC MEDIA, INC.		Employer identification number 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 FINANCI	AL STATEMENTS	
ARE AVAILABLE EITHER ON THE WEBSITE OR UPON REQUEST TO THE OR	GANIZATION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	1,004,928.	
MANAGEMENT AND GENERAL EXPENSES	438,977.	
FUNDRAISING EXPENSES	1,024,864.	
TOTAL EXPENSES	2,468,769.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,468,769.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
LOSS ON INVESTMENT IN SUBSIDIARY	-227,936.	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-35,146.	
UNCOLLECTIBLE PLEDGES	75,803.	
TOTAL TO FORM 990, PART XI, LINE 9	-187,279.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ROCKY MOUNTAIN PUBLIC MEDIA, INC. 84-0510785 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (d) (f) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) KUVO, LLC - 84-0510785 2101 ARAPAHOE STREET DENVER CO 80205 RADIO BROADCAST COLORADO 2,558,546, 3,915,689,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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
PUBLIC INTEREST COMMUNICATIONS, LLC -							1
41-2090421, 2101 ARAPAHOE STREET, DENVER, CO							1
80205	RADIO TOWER	COLORADO	501(C)(3)	LINE 7	RMPM	х	
ROCKY MOUNTAIN PUBLIC MEDIA QALICB, INC							
83-1995247, 2101 ARAPAHOE STREET, DENVER, CO							i
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	х	l
ROCKY MOUNTAIN INVESTIGATIVE NEWS NETWORK -							
27-2650616, 2101 ARAPAHOE STREET, DENVER, CO]						İ
80205	RADIO BROADCAST	COLORADO	501(C)(3)	LINE 7	RMPM	х	

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

Schedule R (Form 990) 2021

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(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 sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations? Code V-UBI amount in box 20 of Schedule		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No								
CMC QALICB LLC - 83-1709578 2101 ARAPAHOE STREET	REAL PROPERTY																		
DENVER, CO 80205	MANAGEMENT	со	RMPM	RELATED				x	N/A	х	5.00%								

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) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
RMPB VENTURES, INC 84-1411560								162	NO
2101 ARAPAHOE STREET DENVER, CO 80205	PROFIT ACTIVITY	СО	RMPM	C CORP	1,375.	5,258.	100%	х	
-									

Part V Trans	actions With Related Organiza	tions. Complete if the	organization answered	"Yes" on F	Form 990, Parl	: IV, line 34,	, 35b, or 36.
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Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		Х			
					1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		Х			
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
•										
k	k Lease of facilities, equipment, or other assets from related organization(s)									
ı	l Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	o Sharing of paid employees with related organization(s)									
	g				10					
p	p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses				1p 1q		Х			
٦										
r	Other transfer of cash or property to related organization(s)				1r		х			
					1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on wh						ı			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved					
(1) ^I	MPM QALICB, INC.	P	227,936.	cash						
(2)										
(3)										
(4)										
(4)										
(5)										

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			

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