Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2021 Open to Public Inspection

<u>A</u>	For the	2021 calendar year, or tax year beginning , and ending					
<u>B</u>	Check if app	olicable: C Name of organization		D Employe	identification number		
	Address cha	ange GRAND VALLEY PUBLIC RADIO COMPANY	•]			
同	Name chance	Doing business as KAFM RADIO			213380		
H	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number		
	Initial return Final return/						
	terminated				FC0 01C		
	Amended re	eturn F Name and address of principal officer:	1	G Gross rec	eipts\$ 569,016		
\equiv	Application	r Name and address of philippa officer.	H(a) Is this a gr	roup return for	subordinates: Yes X No		
ш	/ ipplication	COL GODOR	11/63 A 11		luded? Yes No		
		1310 UTE AVE	H(b) Are all su				
		GRAND JUNCTION CO 81501	11 140,	, allacii a iisi.	See instructions		
	Tax-exemp		_				
<u>J</u>	Website: 1		H(c) Group exe				
	Form of org		Year of formation: 1	992	M State of legal domicile: CO		
P	Part I	Summary					
		iefly describe the organization's mission or most significant activities:					
၁င		KAFM IS A MEMBER-SUPPORTED, VOLUNTEER-ORIENTED COMM					
nai		DEDICATED TO EXCELLENCE AND DIVERSITY IN MUSICAL, C	ULTURAL, A	ND PUE	BLIC		
Governance		SERVICE PROGRAMMING.					
တိ	2 Ch	neck this box \mathbf{u} if the organization discontinued its operations or disposed of more tha	n 25% of its net a	assets.			
⋖ŏ	3 Nu	umber of voting members of the governing body (Part VI, line 1a)		. 3	9		
es	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		. 4	9		
ΞΞ	5 To	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	7		
Activities	6 To	otal number of volunteers (estimate if necessary)		. 6	225		
•	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0		
	b Ne	et unrelated business taxable income from Form 990-T. Part /, line 11		7b	0		
		9 9 1 1	Prior Ye		Current Year		
<u>e</u>	1	ontributions and grants (Part VIII, line 1h)	448	3,658	445,674		
Revenue		ogram service revenue (Part VIII, line 2g)		0	111,460		
ě	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		143	0		
Ľ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,073	11,882		
	12 To	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45'	7,874	569,016		
	13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0		
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0	0		
S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20:	3,790	206,273		
xpenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) u 123,639		0	0		
Ç	b To	otal fundraising expenses (Part IX, column (D), line 25) u 123,639					
ш	17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18!	5,338	231,299		
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	389	9,128	437,572		
		evenue less expenses. Subtract line 18 from line 12	68	3 , 746	131,444		
Net Assets or Fund Balances	<u></u>		Beginning of Cu		End of Year		
sset	20 To	otal assets (Part X, line 16)		4,888	570,648		
A As	21 To	otal liabilities (Part X, line 26)		3,047	212,928		
<u> </u>	22 Ne	et assets or fund balances. Subtract line 21 from line 20	430	5 , 841	357,720		
P	Part II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is		
tru	ue, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any know	/ledge.			
Sig	gn	Signature of officer		Date			
He	re	CYRENE JAGGER EXEC	UTIVE DI	RECTO	R		
_		Type or print name and title					
	F	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Pai	**	Willy Corey, CPA	08/22	/22 self-em	ployed P02130186		
Pre	parer	Firm's name } Soronen, Donley, Patterson CPA PC	I F	Firm's EIN }	84-1196239		
Use	e Only 🗀	706 S 9th St # 1	,				
		Firm's address } Grand Junction, CO 81501-3736		Phone no.	970-241-8346		
May		discuss this return with the preparer shown above? See instructions					

	m 990 (2021) GRAND VALLEY PUBLIC RADIO COMPANY 64-1213380	Page Z
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
	Briefly describe the organization's mission:	
K	KAFM IS A MEMBER-SUPPORTED, VOLUNTEER-ORIENTED COMMUNITY RADIO S	STATION
Ι	DEDICATED TO EXCELLENCE AND DIVERSITY IN MUSICAL, CULTURAL, AND	PUBLIC
	SERVICE PROGRAMMING.	
-		
_	Did the considering and details and similar to the constant of the constant in	
2	3 - 1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	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 by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 222,526 including grants of \$) (Revenue \$)
Ε	BROADCASTS INCLUDING EDUCATIONAL, PUBLIC AFFAIRS, AND CULTURAL 1	PROGRAMMIN

	·	
	······································	
	<u> </u>	
4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	N/A	
	•	
	·	

4.	· (O I	```
	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
L	N/A	
	•	
	·	
	·	
	· · · · · · · · · · · · · · · · · · ·	
	•	
۸4	d Other program services (Describe on Schedule O.)	
τu		\
4 -	(Expenses \$ including grants of \$) (Revenue \$	1
46	a	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		22	
3	and detection for multiple offices 2 If (Vac 2 complete School de C. Port I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
•	alestics in officet during the tour year? If IIVes II complete Calculula C. Dort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	37	
	Schedule D, Parts XI and XII	12a	X	_
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401-		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13		15		x
16	tor any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1.0		
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			┌▔
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	n 990 (2021) GRAND VALLEY PUBLIC RADIO COMPANY 84-1213380		<u> </u>	age
_Pa	art IV Checklist of Required Schedules (continued)		Voc	T No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			١
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, cleator or founder, or substantial contributor? If			١.,
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			٦,
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	X	┼
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		٠.
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┢
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		_v
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32		X
33	sections 201 7701 2 and 201 7701 22 If "Vos." complete Schodule B. Bart I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	. 33		 ^
J-		34		x
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	. 000		╁
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	.		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\top
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u> .	
			Yes	No
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c		X

X

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (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 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		X
b	If "Yes," enter the name of the foreign country u			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	72	х	
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75	<u> </u>	
·	required to file Form 00000	7c		X
d	If "Voc." indicate the number of Forms 2000 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, aid the organization file Form 8899 as required?	7g		х
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	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	٠.,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	F (1) (1)	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment 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			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," 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 Section 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 9 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 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? Х 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 Х 13 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ THE ORGANIZATION 1310 UTE AVE GRAND JUNCTION CO 81506 970-241-8801

Part VII	Compensation of Officers, Directors, Trus	ees, Key Employees, Highest Compensate	d Employees, and
	Independent Contractors		_

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

See the instructions for the order in		-				otion	201	managed any current of	ficer director or tructoe	
Check this box if neither the or	ganization nor a	Т	elatec			zation	COI	mpensated any current on	licer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	cer an	ss pe	ition more rson i directo	than on a both a both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CYRENE JAGGER						ă	\dashv			
EXECUTIVE DIRECTOR	40.00	1		X		7		D V _{50,035}	0	o
(2) SCOTT BURNHAM	0.00			Ĵ	T		T	30,033		
(=) 20011 201411111	2.00							•		
TREASURER	0.00	х		х				0	0	l c
(3) DAN GEHERIN							\neg			
	2.00									
BOARD MEMBER	0.00	X						0	0	0
(4) MARIANNE GRIFFI	1									
	2.00									
BOARD MEMBER	0.00	X					_	0	0	0
(5) JOE GUDORF										
<u></u>	2.00	l								
PRESIDENT	0.00	X		X			4	0	0	0
(6) NIC HANSEN	2 00									
DOADD MEMBED	0.00	3,7						0	0	d
BOARD MEMBER (7) CLINTON KNORPP	0.00	Х					\dashv	0	0	
(/)CLINION KNORPP	2.00									
SECRETARY	0.00	x		Х				0	0	
(8) LANCE LEWIS	0.00						\dashv		J	
(9) 212(62 22)(12	2.00									
BOARD MEMBER	0.00	х						0	0	
(9) MARIA RAINSDON							\neg			
.,	2.00									
BOARD MEMBER	0.00	Х						0	0	0
(10) STEVE WESEMAN							\neg			
	2.00									
VICE PRESIDENT	0.00	X		X			_	0	0	0
(11)										
	1	1					,	ı	i e	i e e e e e e e e e e e e e e e e e e e

Pa	rt VII Section A. Officer	s, Directors, Tr	uste	ees,	Key	Em	ploy	ees/	, and Highest Compens	ated Employees (continu	ied)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	x, unle	Pos check ess pe	rson i	than of the state	n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	(F) imated a of othe ompensa from the ganization ed organises	er ation ne n and	s
							ğ							
			1		J			<u> </u>	I					
	Subtotal							u	50,035					
c d 2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not	limit	 ed to				u u	50,035	an \$100,000 of				
3 4 5	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and person listed on line	" complete Schene 1a, is the sumunizations greater	edule n of r tha	e <i>J fo</i> repo an \$	or su rtabl 150,0	e co 000?	ndivio mper If "Y	dual nsat ⁄es,'	ion and other compensation complete Schedule J for	on from the such		3 4	Yes	X X
Socti	for services rendered to the con B. Independent Contrac		Yes,	," co.	mple	te S	chea	lule	J for such person		<u></u>	5		X
1	Complete this table for your f	ive highest comp	pens	sated	linde	epen	dent	cor	ntractors that received mor	re than \$100,000 of				
	compensation from the organ	ization. Report c (A) I business address	omp	ensa	ation	for	the c	aler		vithin the organization's tax (B) vition of services	year.	Cor	(C) npensat	ion
	ivaline and	i business address							Descrip	NION OF SERVICES		Cor	препѕас	1011
	Total number of the Land	and the second s	!!	I	4	. 1: '	. ا- حه		and Batasi aliance					
2	Total number of independent received more than \$100,000	contractors (incl of compensatio	udin n fra	g bu om tl	t not ne o	i Iimi rgan	ted t <u>izat</u> ic	o th on u	ose listed above) who	0				

Pa	art V	/III Statement of Revenue Check if Schedule O co		a response or not	e to any line in	this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ant s Ints	1a	Federated campaigns	1a					
ع ق	b	Membership dues	1b					
ts, An	С	Fundraising events	1c					
a ⊒	d	Related organizations	1d					
Si.	e	Government grants (contributions)	1e	258,431				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	187,243				
ള	g	Noncash contributions included in lines 1a-1f	1g \$	31,000				
Sab	_h	Total. Add lines 1a–1f		·	445,674			
<u></u>	-"	Total. Add lines 1a-11		Business Code	1137071			
Program Service Revenue	2a	UNDERWRITING		515100	111,460	111,460		
	b	*			111/100	111,100		
	5	*						
	4	• • • • • • • • • • • • • • • • • • • •						
9	u							
Ā	٠,	All other program service revenue						
	l	Total. Add lines 2a–2f			111,460			
_	3	Investment income (including divide			111/100			
		other similar amounts)		· · · · · · · · · · · · · · · · · · ·				
	4	Income from investment of tax-exer						
	5	Royalties	•	· · · · · · · ·				
		(i) Rea		(ii) Personal				
	62	Gross rents 6a		(ii) ti cioci iai				
		Rental inc. or (loss) 6c			•			
	d	NI (()		u				
		Gross amount from (i) Securit		(ii) Other				
		sales of assets		(ii) Guioi				
<u>o</u>	<u> </u>	other than inventory Less: cost or other						
en	"	basis and sales exps. 7b		o				
Revenue	_	Gain or (loss) 7c						
	l	Net gain or (loss)			0	0		
Other	ı	Gross income from fundraising events		u	J			
0	oa	(not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	11,555				
	h	Less: direct expenses	8b	11,333				
	ı	Net income or (loss) from fundraisir		u	11,555			11,555
	l	Gross income from gaming	T T	u	22,333			
	Ju	activities. See Part IV, line 19	9a					
	h	Less: direct expenses	9b					
	l	Net income or (loss) from gaming a		u				
	l	Gross sales of inventory, less	T T	u				
	104	returns and allowances	10a					
	h	Less: cost of goods sold	10b					
		Net income or (loss) from sales of i		u				
<u></u>		The modifie of (1000) from Sales of t	voinory	Business Code				
Miscellaneous Revenue	11a	OTHER INCOME			327	327		
ane Due	b	***************************************			527	327		
See See	"	•••••						
<u> </u> 8	[']	All other revenue						
2		Total. Add lines 11a–11d			327			
		Total revenue. See instructions			569,016	111,787	0	11,555

	The Statement of Functional Exp			mandata and man (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must concern the Check if Schedule O contains a responsable to the Check if Schedule O contains a respons			mpiete column (A).	
<u> </u>				(C)	(D)
	not include amounts reported on lines 6b, 7b, 1b, 10b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
			expenses	general expenses	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,	F0 03F	40 007	F 004	F 004
	trustees, and key employees	50,035	40,027	5,004	5,004
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 40 000	22 244	2 2 2 2	
7	Other salaries and wages	140,833	92,244	3,051	45,538
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,405	10,675	650	4,080
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting	37,375	2,724	33,811	1,040
	Lobbying		Y		
	Professional fundraising services. See Part IV, line 17	O I			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	25,565	5,000	11,930	8,635
13	Office expenses	27,079	12,904	5,572	8,603
14	Information technology	7,211	3,190	2,521	1,500
15	Royalties				
16	Occupancy	12,701	8,802	536	3,363
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,404	7,210	439	2,755
21	Payments to affiliates				
22	Depreciation, depletion, and amortization _	20,817	14,426	879	5,512
23	Insurance	10,001	6,931	422	2,648
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	12,735			12,735
b	RADIO ROOM	11,656		11,656	
С	REPAIRS AND MAINTENANCE	10,761	5,381	1,794	3,586
d	OFF-AIR FUNDRAISING	10,540			10,540
е	All other expenses	34,254	13,012	13,142	8,100
25	Total functional expenses. Add lines 1 through 24e	437,572	222,526	91,407	123,639
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here u if				
_	following SOP 98-2 (ASC 958-720)				Form QQ0 (2021)
DAA					- 000

	Check if Schedule O contains a response or note	•		(A) Beginning of year		(B) End of year				
1	Cash—non-interest-bearing			202,841	1	228,042				
2	Savings and temporary cash investments		•	2	•					
3	Pledges and grants receivable, net				3					
4	Accounts receivable, net				4	15,285				
5	Loans and other receivables from any current or former									
	trustee, key employee, creator or founder, substantial	trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these pers			5						
6	Loans and other receivables from other disqualified pe									
	under section 4958(f)(1)), and persons described in se	c)(3)(B)		6						
7	Notes and loans receivable, net				7					
8	Inventories for sale or use				8	31,000				
9	Prepaid expenses and deferred charges			36,691	9	2,793				
10a	a Land, buildings, and equipment: cost or other									
	basis. Complete Part VI of Schedule D	10a	637,888							
b	Less: accumulated depreciation	1	344,360	515,356	10c	293,528				
11		L		11						
12	Investments—other securities. See Part IV, line 11			12						
13	Investments—program-related. See Part IV, line 11	L		13						
14	Intangible assets	1		14						
15	Other assets. See Part IV, line 11				15					
16	Total assets. Add lines 1 through 15 (must equal line			754,888	16	570,648				
17	Accounts payable and accrued expenses			10,060	17	13,932				
18	Grants payable Deferred revenue				18					
19	Deferred revenue	Y	42,686	19	29,129					
20	Tax-exempt bond liabilities			20						
21	Escrow or custodial account liability. Complete Part IV		21							
22	Loans and other payables to any current or former offi	icer, director	,							
	trustee, key employee, creator or founder, substantial	contributor,	or 35%							
	controlled entity or family member of any of these pers				22					
23				265,301	23	169,867				
24	Unsecured notes and loans payable to unrelated third				24					
25	Other liabilities (including federal income tax, payables									
	parties, and other liabilities not included on lines 17-24). Complete	Part X							
	of Schedule D			212 245	25	010 000				
26				318,047	26	212,928				
	Organizations that follow FASB ASC 958, check h	ere X								
	and complete lines 27, 28, 32, and 33.			255 000		250 552				
27	and the second s			375,008	27	350,573				
28		_/	61,833	28	7,147					
	Organizations that do not follow FASB ASC 958, o	check here	u							
	and complete lines 29 through 33.			00						
29				29						
30	Paid-in or capital surplus, or land, building, or equipme				30					
	Detained combines and and the Combines of the									
31 32	Retained earnings, endowment, accumulated income, Total net assets or fund balances		ds	436,841	31	357,720				

Form **990** (2021)

orm	990 (2021) GRAND VALLEY PUBLIC RADIO COMPANY 84-1213380				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		56	9,0	016
2	Total expenses (must equal Part IX, column (A), line 25)	2		43	7,5	<u>572</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		13	1,4	<u> 144</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		43	6,8	341
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-21	0,5	565
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		35	7,5	720
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Doth 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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

 ${\bf u}$ Go to www.irs.gov/Form990 for instructions and the latest information.

GRAND VALLEY PUBLIC RADIO COMPANY

Employer identification number 84-1213380

Pa	art I	Reas	<u>on for Public Charity</u>	/ Status. (All organization	ns mus	t comp	<u>lete this part.) See instru</u>	uctions.	
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check or	nly one b	ox.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	П	A school des	scribed in section 170(b)(1))(A)(ii). (Attach Schedule E (Fo	rm 990).)				
3	П	A hospital or	a cooperative hospital serv	rice organization described in s	ection 1	70(b)(1)(A)(iii).		
4	П	A medical re	search organization operate	ed in conjunction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). Enter the	e hospital's name	€,
		city, and stat	= -					·	
5	П	•		of a college or university owner	d or opera	ated by a	governmental unit described i	in	
-	ш	_	0(b)(1)(A)(iv). (Complete Par	=			g		
6				governmental unit described in	section	170(b)(1)(A)(v).		
7	X		-	substantial part of its support f				olic	
	ш	-	section 170(b)(1)(A)(vi). (3		3		
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)				
9	П	-		scribed in section 170(b)(1)(A		rated in c	conjunction with a land-grant co	ollege	
		-	_	of agriculture (see instructions).			-	-	
		university:							
10		An organizati	ion that normally receives (1	I) more than 33 1/3% of its sup	port from	contribu	tions, membership fees, and g	jross	
				npt functions, subject to certain			•		
			•	nd unrelated business taxable	,		,		
			=	30, 1975. See section 509(a)(2					
11	Н			exclusively to test for public sa				,	
12	Ш			exclusively for the benefit of, to tions described in section 509					
				escribes the type of supporting of					
	а			perated, supervised, or controlle					
	u			wer to regularly appoint or elect				iving	
				complete Part IV, Sections A	-	.,			
	b	\neg	= =	upervised or controlled in conne		h its sup	ported organization(s), by havi	ng	
				rting organization vested in the		-		-	
		organizat	ion(s). You must complete	e Part IV, Sections A and C.	-		-		
	С			supporting organization operate				d with,	
			= ::::	structions). You must complet					
	d			ed. A supporting organization o	-				
				e organization generally must s			The state of the s	eness	
	_	_ `	,	must complete Part IV, Section for the section for the section of the section for the section		•			
	е			ceived a written determination fron- functionally integrated suppo					
	f		mber of supported organiza		9 0.9	<u>_</u>		Г	
	g			the supported organization(s).					
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of
()		anization	()	(described on lines 1–10	` '	ur governing	support (see	other support	
				above (see instructions))	docur	nent?	instructions)	instructions))
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
T-4-							1		

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	tion A. Public Support								
Caler	dar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	295,573	342,259	364,911	448,658	406,341	1,857,742		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	295,573	342,259	364,911	448,658	406,341	1,857,742		
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						1,857,742		
	tion B. Total Support								
Caler	dar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	295,573	342,259	364,911	448,658	406,341	1,857,742		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		AD						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	C		I		10,555	10,555		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,458	7,022		143	39,660	65,283		
11	Total support. Add lines 7 through 10	(aga inatructions)				12	1,933,580		
12	Gross receipts from related activities, etc			rth or fifth toy you			111,787		
13	First 5 years. If the Form 990 is for the o	•		•			▶ □		
Sec	organization, check this box and stop he tion C. Computation of Public S								
<u> </u>	Public support percentage for 2021 (line 6			mp (f))		14	96.08%		
15	Public support percentage for 2021 (line of 2021) Public support percentage from 2020 Sch	o, column (i) divide edule Δ Part II lir	a by line in, colui			15	100.00%		
	33 1/3% support test—2021. If the orga	nization did not che	eck the hox on line	2 13 and line 14 is		check this	100:00 /0		
	box and stop here. The organization qua						▶ X		
b	33 1/3% support test—2020. If the orga						·····		
	this box and stop here. The organization						▶ □		
17a	10%-facts-and-circumstances test—20								
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in								
b	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization d	id not check a boy	on line 13 165 1	6h 17a or 17h o	heck this hav and		········ • 🗀		
10							▶ □		
	instructions						········ 💆 🔟		

Schedule A (Form 990) 2021

Part III Support

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) $ {f u} igl[$	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from						
	line 6.)		Δ D				
	etion B. Total Support	() 5047		() 00/0	(D 0000	1 1 2001	
	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First 5 years. If the Form 990 is for the c	organization's first	t, second, third, fo	urth, or fifth tax ve	ar as a section 50)1(c)(3)	
	organization, check this box and stop her					. , . ,	▶ □
Sec	tion C. Computation of Public S	Support Perc	entage				
15	Public support percentage for 2021 (line 8	, column (f), divid	ded by line 13, co	lumn (f))		15	%
16	Public support percentage from 2020 Sch						%
Sec	tion D. Computation of Investm	ent Income	Percentage				
17	Investment income percentage for 2021 (line 10c, column	(f), divided by line	13, column (f))		17	%
18	nvestment income percentage from 2020 S	Schedule A, Part	III, line 17			18	8 %
19a	33 1/3% support tests—2021. If the orga	anization did not	check the box on				
	17 is not more than 33 1/3%, check this b	ox and stop her	e. The organization	n qualifies as a pu	ublicly supported	organization	▶ ∟
b	33 1/3% support tests—2020. If the organization						
	line 18 is not more than 33 1/3%, check the	nis box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization .	▶ <u>∟</u>
20	Private foundation. If the organization di	d not check a bo	ox on line 14, 19a,	or 19b, check this	box and see inst	ructions	

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 supponed 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		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401-		
Sche	10b dule A	(Form 9	90) 2021
		-	

Page 5

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		
С	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		
Secti	ion 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		
Secti	ion C. Type II Supporting Organizations			
	January Control of the Control of th		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		
Secti	ion 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		
Secti	ion 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 instruction	ns).		
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 in	structic	ns).	
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		

Sched	ule A (Form 990) 2021 GRAND VALLEY PUBLIC RADIO			-1213380	Page 6		
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20,	1970 (explain i	n Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sec	tion A – Adjusted Net Income		(A) Prior Y	ear (B) Co	urrent Year		
			(7.1) 1.101	(o	ptional)		
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sec	tion B – Minimum Asset Amount		(A) Prior Y	ear i `´	urrent Year ptional)		
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
	Average monthly value of securities	1a					
k	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	I Total (add lines 1a, 1b, and 1c)	1d					
•	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C – Distributable Amount			Curi	rent Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated	d Type	III supporting or	rganization			
	(see instructions).	71	5	-			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		
6_	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	I .		
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years	•		
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

GRAND VALLEY PUBLIC RADIO COMPANY

Schedule of Contributors

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

84-1213380

2021

Organization type (check one):							
Filers o	of:	Section:					
Form 9	90 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 9	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: (instruction General Control Con	Only a section 501(c)(7) ons. Il Rule For an organization filir	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule. See any second representation of the special Rule and a Special Rule and a Special Rule. See any second representation of the special Rule and a					
Special	l Rules						
_	regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.					
	contributor, during the contributions totaled m during the year for an General Rule applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions a during the year					
must a	nswer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Employer identification number

Name of organization

GRAN	D VALLEY PUBLIC RADIO COMPANY	84	-1213380
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	SMALL BUSINESS ADMINISTRATION 1310 UTE AVE GRAND JUNCTION CO 81501	\$ 39,333	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET WASHINGTON DC 20004	\$ 211,598	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
3	IRA YATES 1310 UTE AVE GRAND JUNCTION GRAND JUNCTION	\$ 31,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rame, address, and En T T	\$	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.)

Employer identification number 84-1213380

GRAND VALLEY PUBLIC RADIO COMPANY

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
.3	ART COLLECTION	\$ 31,000	12/01/21
	• • • • • • • • • • • • • • • • • • • •	, <u>51,000</u>	. +27.0+7.2+
(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
	COF	\$	
(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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u 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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization

G	RAND VALLEY PUBLIC RADIO COMPANY		84-1213380
Pa	Organizations Maintaining Donor Advised I Complete if the organization answered "Yes" of	Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d		П., П.,
_	conferring impermissible private benefit?		Yes No
Pa	Int II Conservation Easements. Complete if the organization answered "Yes" or a superior of the conservation answered "Yes" or a superior of the conservation.	on Form 990 Part IV line 7	
_			
1	Purpose(s) of conservation easements held by the organization (che		lu improvement longlance
	Preservation of land for public use (for example, recreation or e	· —	
	Preservation of open space	Preservation of a certified	Tilstoric structure
2	Complete lines 2a through 2d if the organization held a qualified cor	eservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.	iscivation contribution in the form of a co	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements	PY	1 1
C	Number of conservation easements on a certified historic structure is		
d	Number of conservation easements included in (c) acquired after 7/2		
	historia atrustura listad in the National Degister		2d
3	Number of conservation easements modified, transferred, released,		nization during the
	tax year u		-
4	Number of states where property subject to conservation easement	is located u	
5	Does the organization have a written policy regarding the periodic n		
	violations, and enforcement of the conservation easements it holds?	?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservation	on easements during the year
	u		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation ea	sements during the year
	u \$		
8	Does each conservation easement reported on line 2(d) above satisfied	, , ,	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	·	
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements.	the organization's financial statements th	at describes the
Ps	Int III Organizations Maintaining Collections of A	rt Historical Treasures or Ot	her Similar Assets
•	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	ner Onniai Assets.
	If the organization elected, as permitted under FASB ASC 958, not		lance sheet works
	of art, historical treasures, or other similar assets held for public exh	-	
	service, provide in Part XIII the text of the footnote to its financial sta		·
b	If the organization elected, as permitted under FASB ASC 958, to re		e sheet works of
	art, historical treasures, or other similar assets held for public exhibi	tion, education, or research in furtherand	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures,		, provide the
	following amounts required to be reported under FASB ASC 958 rel	=	
а	Revenue included on Form 990, Part VIII, line 1		u \$
b	Assets included in Form 990, Part X		u \$

	rt III Organizations Maintaining					Page Z
3	Using the organization's acquisition, accession					ssets (continued)
3	collection items (check all that apply):	n, and other records, chec	k any or the following that	make signincant	use or its	
а	Public exhibition	d Loan or	exchange program			
b	Scholarly research		·····			
С	Preservation for future generations					
4	Provide a description of the organization's coll	llections and explain how t	hey further the organization	n's exempt purpo	se in Part	
	XIII.	•	,			
5	During the year, did the organization solicit or	r receive donations of art,	historical treasures, or othe	r similar		
	assets to be sold to raise funds rather than to	be maintained as part of	the organization's collection	າ?		Yes No
Pa	rt IV Escrow and Custodial Arr	angements.				
	Complete if the organization	answered "Yes" on I	Form 990, Part IV, lin	e 9, or reporte	ed an am	nount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodia					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following	table:			
						Amount
					1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on Fo					Yes No
	If "Yes," explain the arrangement in Part XIII.	Check here if the explanat	ion has been provided on	Part XIII		
Pa	Endowment Funds. Complete if the organization	answered "Vee" on I	Form 000 Port IV lin	o 10		
	Complete ii the organization		Prior year (c) Two year		ee years back	(e) Four years back
10	Paginning of year halance	(a) Current year (b)	(c) Two year	is back (u) IIII	ee years back	(e) Four years back
	Beginning of year balance	-//				
	Contributions Net investment earnings, gains, and					
·	· ·		•			
d	One with the second sec					
	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	ent vear end balance (line	1g. column (a)) held as:	•		•
а	Board designated or quasi-endowment u	%	3, 111 (17)			
b	Permanent endowment u %					
С	Term endowment u %					
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.				
3a	Are there endowment funds not in the posses	ssion of the organization th	at are held and administer	ed for the		
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	400 D L 4 L 4 L 4 L					m
b	If "Yes" on line 3a(ii), are the related organization	itions listed as required on	Schedule R?			3b
4	Describe in Part XIII the intended uses of the	organization's endowmen	t funds.			
Pa	rt VI Land, Buildings, and Equi					
	Complete if the organization	answered "Yes" on I	orm 990, Part IV, lin	<u>e 11a. See Fo</u>	orm 990,	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulate	ed	(d) Book value
		(investment)	(other)	depreciation		
	Land		40,018			40,018
	Buildings		443,745	214	,897	228,848
	Leasehold improvements					
	Equipment		147,578	128		19,008
	Other	15 200 5 111	6,547		893	5,654
ıota	I. Add lines 1a through 1e. (Column (d) must e	equal ⊢orm 990, Part X, co	iumn (B), line 10c.)		u	293,528

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part I\/	line 11h See Form 99	∩ Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial				
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(E)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	valuation:
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)				
(5)		_		
(6)				
(7) (8)		$oldsymbol{\cup} oldsymbol{\lor}$		
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u	_		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11d. See Form 99	0, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
			u	
Part X	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11e or 11f. See Fe	orm 990, Part X,
	line 25.			
1. (1) Fadaral	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)		u u	
-	uncertain tax positions. In Part XIII, provide the text of the fo	=		
organization's	liability for uncertain tax positions under FASB ASC 740. Che	eck here if the text of the f	ootnote has been provided in	n Part XIII

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	569,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	569,016
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	569,016
	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	437,572
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		101,011
	Donated services and use of facilities		
4			
<u> </u>	(======================================	20	
3	Add lines 2a through 2d	2e 3	437,572
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1377372
	Investment expenses not included on Form 990, Part VIII, line 7b		
D	/		
_	Add lines 4s and 4h	40	
С 5	Add lines 4a and 4b	4c	437 572
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	437,572
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	5	
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
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Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
Pare Pare Pare Pare Pare Pare Pare Pare	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lin	ne
5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lir	ne
5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lir	ne
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, lir	ne

Schedule D (F	orm 990) 2021	GRAND	VALLEY	PUBLIC	RADIO	COMPANY	84-1213380	Page 5
Part XIII	Supplemer	ntal Inforr	nation (cor	ntinued)				
						Y		
						.		
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Noncash Contributions

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

11 Attach to Form 990

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

OMB No. 1545-0074

Employer identification number

Open To Public Inspection

84-1213380 GRAND VALLEY PUBLIC RADIO COMPANY Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art X 1 31,000 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities — Publicly traded 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other **u**(.....) 26 Other **u**(______) 27 Other **u**(_____) Other **u**(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (For	m 990) 2021	GRAND	VALLEY	PUBLIC	RADIO	COMPANY	84-1213380	Page 2
Part II	the orga	inization is	s reporting in	ı Part I, colu	ımn (b), th	e number of	contributions, the	Page 2 32b, and 33, and whether number of items received,
	or a cor	nomation	oi boin. Aiso	complete t	nis part ior	any addition	al information.	
				0	JP	V		
				U	ノー			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service u Attach to Form 990 or Form 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number 84-1213380

GRAND VALLEY PUBLIC RADIO COMPANY	84-1213380
Form 990, Part VI, Line 6 - Classes of Members or Sto	ckholders
MEMBERS ARE THOSE WHO FINANCIALLY SUPPORT THE ORGANIZ	ATION.
Form 990, Part VI, Line 7a - Election of Members and	Their Rights
THE BOARD IS ELECTED BY THE MEMBERS.	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
990 IS CIRCULATED AMONG THE BOARD MEMBERS FOR REVIEW.	
Form 990, Part VI, Line 12c Enforcement of Conflict	s Policy
BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT A	NNUALY.
Form 990, Part VI, Line 15a - Compensation Process for	r Top Official
EXECUTIVE DIRECTOR COMPENSATION IS SET BY THE BOARD.	
Form 990, Part VI, Line 19 - Governing Documents Disc	losure Explanation
UPON REQUEST	

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return Identifying number 84-1213380 GRAND VALLEY PUBLIC RADIO COMPANY Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,620,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified properly (other man listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 20,819 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 0 MACRS deductions for assets placed in service in tax years beginning before 2021 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (e) Convention (f) Method (a) Classification of property ousiness/investment use (a) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. 25-year property 27.5 yrs. MM S/I Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. Nonresidential real property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/I **b** 12-year S/L 30-year MM S/L 30 yrs. d 40-year MM S/L 40 yrs.

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

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

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

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

20,819

21

22

Part IV

21

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
1 2 3 4 6 7 8 9 10 11 12 13 14 15	MACRS: ANTENNA PARAFLECTOR SCALA SINE SYSTEMS RP-8 RELAY PANEL 66800-052 PWR DIVIDER SCALA APHEX 320A A (2) ANDREW VFX-NMNM-3 JUMPER AUDIOARTS R-60-12/8 STERIO CONSOI AUDIOARTS DMP 60 DUAL MIC PEAM (3) OC WHITE 51900 BOOM RISER/ARM DENON TU1500RD TURNER WITH RAC MIDDLE ATLANTIC RK 20 EQUUIPMEN (2) JBL 4206 MONITOR SPEAKER SYMETRIX 420 POWER AMP HENRY MATCHBOX HENRY SUPERLAY	1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99	628 276 142 988 82 4,234 257 297 262 83 278 288 139 178		628 276 142 988 82 4,234 257 297 262 83 278 288 139	7 HY 200DB	628 276 142 988 82 4,234 257 297 262 83 278 288 139 178	0 0 0 0 0 0 0 0 0 0
17 18 19 20 21 22	 (2) STEREO PHONE PREAMP (2) POWER SUPPLY (3) STUDIO MICROPHONE (4) UTILITY SHELVES PIONEER CD PLAYER 200 FT AIDEN 16 CABLE CONNECTORS, PLUGSM PLATESM ETO 3 SOFAS Sold/Scrapped: 12/31/21 	1/11/99 1/11/99 1/11/99 1/11/99 1/11/99 2/02/99 2/02/99 6/30/01	152 20 867 93 209 360 98 200		152 20 867 93 209 360 98 200	7 HY 200DB 7 HY 200DB	152 20 867 93 209 360 98 200	0 0 0 0 0 0 0
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	8 DESKS 47 CHAIRS 29 TABLES 2 BOOK SHELVES 8 FILE CABINETS 20 LP/CD RACKS UNITEL PHONE SYSTEM 8 LAMPS 12 BULLETIN/WHITE BOARDS AUDIOCARTS R-60-18 STEREO CONSO (2) TECHNICS SL 1200 TURNTABLE (4) SHURE SM-7 MICROPHONE SYMETRIC 420 POWER AMP JBL 4206 MONITOR SPEAKER (4) AKG K240M HEADPHONE (2) MIDDLE ATLANTIC RK 16 EQUIP R. INSTALLATION - HARDWARE SHIPPING	6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01	550 1,175 540 175 450 200 200 9,100 1,232 1,639 286 252 312 137 1,195 388	PY	550 1,175 540 175 450 2,000 4,000 200 2,200 9,100 1,232 1,639 286 252 312 137 1,195 388	7 HY 200DB	550 1,175 540 175 450 2,000 4,000 200 2,200 9,100 1,232 1,639 286 252 312 137 1,195 388	0 0 0 0 0 0 0 0 0 0 0 0 0
43 45 46 47 84	DON MUSSELL - INSTALLATION JOSEPH KONICEK - INSTALLATION DIGITAL RECORDER - STUDIO D ZZOUNDS AUDIO EQUIPMENT - STUDI AUDIO EQUIPMENT - STUDIO D 100 WATT TRANSMITTER CROWN FRONT DOOR KEYPAD SYSTEM	6/30/01 6/30/01 6/30/04 6/30/04 6/30/04 11/02/98 6/30/04	2,698 1,303 479 600 1,287 4,496 1,157 47,982	X X X	2,698 1,303 239 300 643 4,496 578 46,219	7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB	2,698 1,303 479 600 1,287 4,496 1,157 47,982	0 0 0 0 0 0 0
5 44 48 49 50 51 52 53 54 55 56 57 58 59 60 61	Depreciation: ANDREW F1-PNMNM -3 JUMPER CONSTRUCTION - 1310 UTE DENON DNC615 CD PLAYER 98656-G501 6810-1R-EF-DA88.10 ENDEC EAS ENCODER/DECODER NAUTEL VS1-EIA 1300WATT FM TRAN RFS CABLEWAVES ADP20-C DEHYDR. CABLING, ATTACHMENTS AND FREIG BEXT STL 10 WATT 960 MHZ TRANSM BEXT LDR STL 960 MHZ RECEIVER OPTIMOD-8300 FM AUDIO PROCESSEI LEA SP100-120/240SP SURGE SUPRESS INSTALL ANTENNA - REX INDUSTRIE: AF225 FM RECEIVER ELECTRICAL UPGRADE - AMP-PRO INSTALLATION - DATAVIX CABLEWAVE SALES TAX	10/05/11 10/05/11 10/05/11 10/05/11 10/05/11 10/05/11	63 4,245 897 15,308 2,085 7,140 1,207 2,770 2,595 2,425 4,696 469 3,500 545 514 1,611 138		63 4,245 897 15,308 2,085 7,140 1,207 2,770 2,595 2,425 4,696 469 3,500 545 514 1,611 138	10 MO S/L	63 2,183 897 14,287 2,085 7,140 1,116 2,770 2,595 2,425 4,696 434 3,500 545 514 1,464 125	0 109 0 1,021 0 0 91 0 0 0 0 35 0 0 0 147 13

Federal Asset Report Form 990, Page 1

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost		for Depr	PerConv Meth	Prior	Current
63	INSTALLATION - DATAVIX	12/27/11	811		811 2,236	10 MO S/L	737 2,236	74
64 65	80 CHAIRS - RADIO ROOM AUTOMEDIA ASSOCIATES - EQUIPME	10/25/12 2/01/13	2,236 2,278		2,230	7 MO S/L 7 MO S/L	2,230	$0 \\ 0$
66	EQUIPMENT	2/14/13	866		866	10 MO S/L	686	86
67 68	WHEATSTONE INO39549 SECURITY CAMERA	2/14/13 3/01/13	513 699		513 699	10 MO S/L 10 MO S/L	406 548	51 69
69	COMPUTER UPGRADE FOR BOOTH	4/03/13	679		679	10 MO S/L 10 MO S/L	526	68
70	BSW - SENNHEISER AND MIDD ATLAN		135		135	10 MO S/L	103	14
71 72	DENON CD PLAYER SIMIAN	7/05/13 8/16/13	329 2,672		329 2.672	10 MO S/L 10 MO S/L	247 1,982	33 267
73	AUTOMATION COMPUTER PARTS	8/20/13	659		659	10 MO S/L	489	66
74	NETGEAR PROSAFE ETHERNET	8/29/13	236		236	10 MO S/L	175	23
75 76	DISTRIBUTION AMPLIFIER PROFANITY DELAY	10/18/13 12/31/13	366 1,612		366 1,612	10 MO S/L 10 MO S/L	265 1,142	37 161
77	PALISADE TRANSLATOR	3/31/16	11,551		11,551	10 MO S/L	5,583	1,155
78 79	TELEPHONE SYSTEM - COMMWEST FURNITURE - UMETCO	12/15/16 12/15/16	9,261 3,200		9,261	5 MO S/L 10 MO S/L	7,563 1,307	1,698 320
80	RADIO ROOM LIGHTING	11/01/17	2,250		2,250		713	225
81	STAND-ALONE HEATING & AC	7/17/19	7,600		,	15 MO S/L	760	507
82 83	CHAIRS FOR RADIO ROOM WORKSTATION COMPUTERS	9/28/19 10/11/19	3,157 1,800		3,157 1,800	15 MO S/L 5 MO S/L	281 450	210 360
85	(4) DELL POWEREDGE 850 COMPUTER		2,080		2,080	5 MO S/L	2,080	0
86	4750 Sold/Scrapped: 12/31/21	6/30/01	28,500		28,500	7 Land	0	0
87	7000 LP'S	6/30/01	21,000		21,000	7 Land	0	0
88	Sold/Scrapped: 12/31/21 ADDITION ERROR Sold/Scrapped: 12/31/21	6/30/01	-2,000		-2,000	7 Land	0	0
89	CD'S UNRECORDED @ 12/31/2006 Sold/Scrapped: 12/31/21	6/30/01	146,838		146,838	7 Land	0	0
90	ADJUST LP'S TO ESTIMATE VALUE Sold/Scrapped: 12/31/21	6/30/01	-13,500		-13,500	7 Land	0	0
91	CD'S DONATED Sold/Scrapped: 12/31/21	1/01/07	12,600	PY	12,600	10 Land	0	0
92	DONATED CD'S Sold/Scrapped: 12/31/21	6/30/08	17,127		17,127	10 Land	0	0
93	AIRCONDITIONING Sold/Scrapped: 11/10/21	6/30/02	1,174		1,174	39 MO S/L	560	25
94 95	CONSTRUCTION 1310 UTE #2 AUDITORIUM	6/30/02 6/30/02	6,912 439		6,912 439	39 MO S/L 39 MO S/L	3,285 206	177 12
96	5 HEATERS/COOLERS	6/30/02	18,500		18,500	39 MO S/L	8,636	474
97 98	1310 UTE BUILDING AUDITORIUM	6/30/02 6/30/03	245,828		245,828	39 MO S/L	115,296	6,303
99	CONSTRUCTION - 1310 UTE	6/30/03	1,450 1,025		1,450 1,025	39 MO S/L 39 MO S/L	651 460	38 26
100	DUCTWORK 1310 UTE	6/30/03	8,000		8,000	39 MO S/L	3,598	205
101 103	CONTRIBUTED LABOR - CONSTRUCTIC CONTRIBUTED LABOR - CONSTRUCTIC		7,500 5,000		7,500 5,000	3 MO S/L 39 MO S/L	7,500 2,249	0 128
104	SOLAR ELECTRIC SYSTEM	3/31/08	10,243		10,243	20 MO S/L	6,572	512
105 106	LANDSCAPING LANDSCAPING - 2009	12/31/08 1/01/09	61,770 20,368		61,770 20,368	39 MO S/L 39 MO S/L	20,293 6,267	1,584 523
	LABOR REMODEL	7/13/13	8,746		8,746	10 MO S/L	6,559	875
108	MATERIAS STUDIO REMODEL	12/20/13	17,622		17,622	10 MO S/L	12,483	1,762
109 110	REMODEL BUILDING IMPROVEMENTS - TERRY I	3/31/16 6/30/17	5,887 3,000		5,887 3,000	10 MO S/L 15 MO S/L	2,845 717	589 200
111	BARNES ELECTRIC	8/28/19	5,000		5,000	40 MO S/L	177	125
112 113	1310 UTE - LAND LOAN FEES - NEW MORTGAGE	6/30/02 1/14/19	40,018 6,547		40,018 6,547	7 Land 22 MO S/L	0 595	0 298
	HVAC HELS NEW MORTGAGE	11/10/21	11,053	-	11,053	15 MO S/L	0	123
	Total Other Depreciation	_	801,845		801,845		276,345	20,819
	Total ACRS and Other Deprec	iation =	801,845		801,845		276,345	20,819
	Grand Totals		849,827		848,064		324,327	20,819
	Less: Dispositions and Transfer	rs	211,939		211,939		760	25
	Less: Start-up/Org Expense	-	0	-	0		0	0
	Net Grand Totals	=	637,888	:	636,125		323,567	20,794

84-1213380

Bonus Depreciation Report Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
45	DIGITAL RECORDER - STUDIO D	6/30/04	479		0	0	240	239
46	ZZOUNDS AUDIO EQUIPMENT - STUDIC	6/30/04	600		0	0	300	300
47	AUDIO EQUIPMENT - STUDIO D	6/30/04	1,287		0	0	644	643
102	FRONT DOOR KEYPAD SYSTEM	6/30/04	1,157		0	0	579	578
114	HVAC	11/10/21	11,053		0	0	0	11,053
	Gr	and Total	14,576		0	0	1,763	12,813



84-1213380	Depreciation Adjustment Report All Business Activities	
Form Unit Asset	Description Tax AMT There are no assets that meet the criteria of this report	AMT Adjustments/ Preferences
	COPY	

84-1213380

Future Depreciation Report FYE: 12/31/22 Form 990, Page 1

<u>Asset</u>		Date In Service	Cost	Tax	AMT
Prior M	IACRS:				
1 2 3 4 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 45 46 47 47 48 48 49 40 40 40 40 40 40 40 40 40 40 40 40 40	ANTENNA PARAFLECTOR SCALA SINE SYSTEMS RP-8 RELAY PANEL 66800-052 PWR DIVIDER SCALA APHEX 320A A (2) ANDREW VFX-NMNM-3 JUMPER AUDIOARTS R-60-12/8 STERIO CONSOLE AUDIOARTS DMP 60 DUAL MIC PEAMP CA (3) OC WHITE 51900 BOOM RISER/ARM DENON TU1500RD TURNER WITH RACKLM MIDDLE ATLANTIC RK 20 EQUUIPMENT R (2) JBL 4206 MONITOR SPEAKER SYMETRIX 420 POWER AMP HENRY MATCHBOX HENRY SUPERLAY (2) STEREO PHONE PREAMP (2) POWER SUPPLY (3) STUDIO MICROPHONE (4) UTILITY SHELVES PIONEER CD PLAYER 200 FT AIDEN 16 CABLE CONNECTORS, PLUGSM PLATESM ETC. 8 DESKS 47 CHAIRS 29 TABLES 2 BOOK SHELVES 8 FILE CABINETS 20 LP/CD RACKS UNITEL PHONE SYSTEM 8 LAMPS 12 BULLETIN/WHITE BOARDS AUDIOCARTS R-60-18 STEREO CONSOLES (2) TECHNICS SL 1200 TURNTABLE (4) SHURE SM-7 MICROPHONE SYMETRIC 420 POWER AMP JBL 4206 MONITOR SPEAKER (4) AKG K240M HEADPHONE (2) MIDDLE ATLANTIC RK 16 EQUIP RACK INSTALLATION - HARDWARE SHIPPING DON MUSSELL - INSTALLATION JOSEPH KONICEK - INSTALLATION DIGITAL RECORDER - STUDIO D ZZOUNDS AUDIO EQUIPMENT - STUDIO D 100 WATT TRANSMITTER CROWN FRONT DOOR KEYPAD SYSTEM	6/30/01 6/30/01 6/30/01 6/30/04	628 276 142 988 82 4,234 257 297 262 83 278 288 139 178 152 20 867 93 209 360 98 550 1,175 540 175 450 2,000 2,200 9,100 1,232 1,639 286 252 312 137 1,195 388 2,698 1,303 479 600 1,287 4,496 1,157 47,782		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5 44 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62	ANDREW F1-PNMNM -3 JUMPER CONSTRUCTION - 1310 UTE DENON DNC615 CD PLAYER 98656-G501 6810-1R-EF-DA88.10 ENDEC EAS ENCODER/DECODER NAUTEL VS1-EIA 1300WATT FM TRANSMI RFS CABLEWAVES ADP20-C DEHYDRATO CABLING, ATTACHMENTS AND FREIGHT BEXT STL 10 WATT 960 MHZ TRANSMITTE BEXT LDR STL 960 MHZ RECEIVER OPTIMOD-8300 FM AUDIO PROCESSER LEA SP100-120/240SP SURGE SUPRESSOR INSTALL ANTENNA - REX INDUSTRIES AF225 FM RECEIVER ELECTRICAL UPGRADE - AMP-PRO INSTALLATION - DATAVIX CABLEWAVE SALES TAX	10/05/11 10/05/11	63 4,245 897 15,308 2,085 7,140 1,207 2,770 2,595 2,425 4,696 469 3,500 545 514 1,611 138	0 109 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0

84-1213380

Future Depreciation Report FYE: 12/31/22 Form 990, Page 1

		Date In			
Asset	Description	Service	Cost	Tax	AMT
63	INSTALLATION - DATAVIX	12/27/11	811		0
64	80 CHAIRS - RADIO ROOM	10/25/12	2.236	ő	Ŏ
65	AUTOMEDIA ASSOCIATES - EQUIPMENT	2/01/13	2,278	0	0
66	EQUIPMENT	2/14/13	866	87	0
67	WHEATSTONE INO39549	2/14/13	513	52	Õ
68	SECURITY CAMERA	3/01/13	699	70	0
69	COMPUTER UPGRADE FOR BOOTH	4/03/13	679	68	ő
70	BSW - SENNHEISER AND MIDD ATLANTIC	5/20/13	135	13	ő
71	DENON CD PLAYER	7/05/13	329	33	ő
72	SIMIAN	8/16/13	2,672	267	ő
73	AUTOMATION COMPUTER PARTS	8/20/13	659	66	ő
74	NETGEAR PROSAFE ETHERNET	8/29/13	236	24	ő
75	DISTRIBUTION AMPLIFIER	10/18/13	366	37	ő
76	PROFANITY DELAY	12/31/13	1,612	162	ŏ
77	PALISADE TRANSLATOR	3/31/16	11,551	1.155	ő
78	TELEPHONE SYSTEM - COMMWEST	12/15/16	9,261	0	ő
79	FURNITURE - UMETCO	12/15/16	3,200	320	0
80	RADIO ROOM LIGHTING	11/01/17	2,250	225	ő
81	STAND-ALONE HEATING & AC	7/17/19	7,600	506	ő
82	CHAIRS FOR RADIO ROOM	9/28/19	3,157	210	0
83	WORKSTATION COMPUTERS	10/11/19	1.800	360	0
85	(4) DELL POWEREDGE 850 COMPUTERS	2/25/11	2,080	0	0
94	CONSTRUCTION 1310 UTE #2	6/30/02	6,912	177	0
95	AUDITORIUM	6/30/02	439	11	0
96	5 HEATERS/COOLERS	6/30/02	18,500	474	0
97	1310 UTE BUILDING	6/30/02	245,828	6,303	0
98	AUDITORIUM	6/30/02	1,450	37	0
99	CONSTRUCTION - 1310 UTE	6/30/03	1.025	26	0
100	DUCTWORK 1310 UTE	6/30/03	8,000	205	0
101	CONTRIBUTED LABOR - CONSTRUCTION 3	6/30/03	7,500	0	0
101	CONTRIBUTED LABOR - CONSTRUCTION -	6/30/04	-5.000 -5.000	- 128	0
103	SOLAR ELECTRIC SYSTEM	3/31/08	10,243	513	0
104	LANDSCAPING	12/31/08	61.770	1,584	0
105	LANDSCAPING - 2009	1/01/09	20,368	522	0
107	LABOR REMODEL	7/13/13	8.746	875	0
107	MATERIAS STUDIO REMODEL	12/20/13	17,622	1,762	0
108	REMODEL.	3/31/16	5.887	589	0
110	BUILDING IMPROVEMENTS - TERRY BROV	6/30/17	3,000	200	0
111	BARNES ELECTRIC	8/28/19	5,000	125	0
111	1310 UTE - LAND	6/30/02	40.018	0	0
112	LOAN FEES - NEW MORTGAGE	1/14/19	6,547	297	0
113	HVAC	11/10/21	11,053	737	0
114		11/10/21			
	Total Other Depreciation		590,106	18,329	0
	Total ACRS and Other Depreciation		590,106	18,329	0
	Grand Totals		637,888	18,329	0

Form **990**

Name

Event Income and Deduction Worksheet

Description FUND RAISING EVENTS

GRAND VALLEY PUBLIC RADIO COMPANY

Taxpayer Identification Number

2021

84-1213380

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales11.	, 555 Advertising and promotion
2. Advertising income2.	
3. Circulation income3.	
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7. 11	,555 Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	
10. Fees for services 10.	Interest
11. Indirect Expense 11.	
12. Depreciation Expense 12.	
13. Exempt Activity Expense 13.	
14 Fundraising Expanse 14	Expense Details - Depreciation Expense:
14. Fundraising Expense 14.15. Total expenses. Add lines 8 through 145.	
16. Net Income/Loss. Line 7 minus Line 156.	On investment property On non-investment property
16. Net income/Loss. Line / minus Line 136.	- · · · · · · · · · · · · · · · · · · ·
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
1 dicitases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule	A: Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	First
Part V, Debt Financing	Second
Part VI, Controlled Org Income	Third
Part VII, Investments for C(7)(9)(17)	All other
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Federal Statements

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

Description	E:	Total Expenses		Program Service		Management &General		Fund Raising	
MEMBERSHIPS AND DUES	\$	9,074	\$		\$	9,074	\$		
PROGRAMMING		6,367		6,367					
BANK FEES		3,908				466		3,442	
BAD DEBTS		3,286						3,286	
TOWER RENT		3,150		3,150					
WEBSITE		3,093		2,093		1,000			
MISCELLANEOUS		2,914		1,175		590		1,149	
STAFF&MEMBER APPRECIATION		2,462		227		2,012		223	
Total	\$	34,254	\$	13,012	\$	13,142	\$	8,100	

84-1213380	Federal Statements	5
	Schedule A, Part II, Line 9(<u>(e)</u>
	Description	Amount
FUND RAISING EVENTS Less: Deductions Total	·	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Schedule A, Part II, Line 12 - Curr	
UNDERWRITING OTHER INCOME	Description	### Amount \$ 111,460 327
Total		\$ 111,787