Return of Organization Exempt From Income Tax

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

2023

Open to Public

OMB No. 1545-0047

Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change GRAND VALLEY PUBLIC RADIO COMPANY Doing business as 84-1213380 KAFM RADIO Name change Number and street (or P.O. box if mail is not delivered to street address) 970-241-8801 Initial return 1310 UTE AVENUE Final return/ City or town, state or province, country, and ZIP or foreign postal code 414,189 GRAND JUNCTION CO 81501 **G** Gross receipts \$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates? Application pending MARIANNE GRIFFIN 1310 UTE AVE H(b) Are all subordinates included? GRAND JUNCTION CO 81501 If "No," attach a list. See instructions 501(c)(3) 501(c) () (insert no.) Tax-exempt status: www.kafmcommunityradio.org Website: H(c) Group exemption number Year of formation: 1992 CO X Corporation Trust Association Form of organization: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: KAFM IS A MEMBER-SUPPORTED, VOLUNTEER-ORIENTED COMMUNITY RADIO STATION Activities & Governance DEDICATED TO EXCELLENCE AND DIVERSITY IN MUSICAL, CULTURAL, AND PUBLIC SERVICE PROGRAMMING. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 9 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 225 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 254,061 8 Contributions and grants (Part VIII, line 1h) 314,424 120,654 9 Program service revenue (Part VIII, line 2g) 129,326 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 224 -5,123 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 443,974 369,592 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 204,057 221,527 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 235,804 269,756 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 439,861 491,283 4,113-121,691 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 562,041 420,808 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 200,208 180,666 Met 22 Net assets or fund balances. Subtract line 21 from line 20 361,833 240,142 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here CYRENE JAGGER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Willy Corey, CPA 02/20/24 P02130186 **Preparer** Patterson 84-1196239 Soronen, Donley, CPA Firm's name Firm's EIN **Use Only** 706 S 9th St # 1

81501-3736

May the IRS discuss this return with the preparer shown above? See instructions

Grand Junction, CO

970-241-8346

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		٠,,
_	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	_		х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- '-		
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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	l		3,5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
а	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		х
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	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? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			٠,,
	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	ا		•
10	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	10	х	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Λ	
13	If "Yes," complete Schedule G, Part III	19		х
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		х

Pa	art IV Checklist of Required Schedules (continued)		—					Ι.,	Τ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals of	n						Yes	No
22	Port IV. solven (A) line 22 ff "Voe" complete Schodide I. Porte 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		• •	• •			1		
	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ar							
	to defease any tax-exempt bonds?						24c		↓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?						24d		ــــــ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benefi	fit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a p								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-	EZ?							l
	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 cu	rrent							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								۱,,
	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						1 27		_ v
20	persons? If "Yes," complete Schedule L, Part III		٠.	٠.			27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedul Part IV instructions for applicable filing thresholds, conditions, and exceptions)	иe							
•	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	If							
а	"Vos." complete Schodulo I. Part IV						28a		x
b	A family mamber of any individual described in line 2002 if titles "complete Cabadyla I. Dort IV.						28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		• •	• •			200		
·	"Vas." complete Schoolule I. Part IV						28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M						29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		• •	• •					
	conservation contributions? If "Yes," complete Schedule M						30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule I			ï			31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			•					
	complete Schedule N, Part II						32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulat								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I						33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,								
	or IV, and Part V, line 1						34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?						35a	1	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a								
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2						35b	1	—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable								l
	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								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part						37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b								
D	19? Note: All Form 990 filers are required to complete Schedule O.		<u>··</u>				38	X	Ь
Pa	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
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1	()			res	140
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	+	(
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	וטו	_	_			-		
·	reportable gaming (gambling) winnings to prize winners?						1c		х
	<u>, </u>			• •	<u> </u>	<u> </u>			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Х	
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 $_{\cdot}$			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority c	ver,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	count)	?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acceptable 114, Report of Financial Ac	ounts (FBAR).			
5a						X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	۱?		I .		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		Ь—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					۱
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_				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 good	ds			v	
					X	\vdash
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x
	required to file Form 8282?	7d		7c		_^
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			76		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	71 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	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?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041? '		12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا مما				
_	the organization is licensed to issue qualified health plans	13b 13c				
C 140	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C					
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			140		
13	and the second of the second o			15		x
	excess paracrute payment(s) during the year? 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 inc	ome?		16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activitie	s				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1
	If "Yes," complete Form 6069.					

X

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				l	
	one or more members of the governing body?			7a	X	┼
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	ollowing:	_	37	
a	The governing body?				X	_
b	Each committee with authority to act on behalf of the governing body?			8b	X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					.
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	TIAI R	evenue	: Code.)		T
40-	Did the experiencian have lead shorters broughes as officiates?			10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		 ^
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10b		
112	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					\vdash
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	e ioiiii:		11a	122	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		 etc?	12a	X	+
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COLLING			1	+
·	the desired of the Other different bases			12c	x	
13	Did the organization have a written whistleblower policy?				X	+
14	Did the organization have a written document retention and destruction policy?			14	X	+-
15	Did the process for determining compensation of the following persons include a review and approval by				1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	T			15a	х	
b	Other officers or law employees of the expenients			15b	 	x
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect	on 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)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	policy,				
	and financial statements available to the public during the tax year.	•				
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
T	HE ORGANIZATION 1310 UTE AVE					
G1	RAND JUNCTION CO 815)6		970-24	1-8	801

rm 000 (2023)	CRAND	VAT.T.EV	PITRI.TC	DICER	COMPANY	84-121338
)IIII 990 (707.3)	GIVAND	AUTHET	FUBLIC	KADIO	COMPANI	07-121330

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Dage	7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the			

	1	T		<u> </u>				I		
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe ind a	rson i	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations				
(1) CYRENE JAGGER										
	40.00							F.C. 000		
EXECUTIVE DIRECTOR	0.00	_		X				56,829	0	0
(2) LINDA CALLAHAN	2.00									
VICE PRESIDENT	0.00	x		x				0	0	0
(3) JULIA COFFEY	0.00	1								
(6) 5 5 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.00									
TREASURER	0.00	x		x				0	0	0
(4) MARIANNE GRIFFIN										
• •	2.00									
PRESIDENT	0.00	X		X				0	0	0
(5) TAMARA KING										
	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) LINDA TAYLOR	2.00									
SECRETARY	0.00	x		x				0	0	0
(7) LEEANN WRIGHT	0.00	<u>^</u>		^						<u> </u>
(i) Eller With With Colle	2.00									
BOARD MEMBER	0.00	x						0	0	0
(8)										
(9)										
(10)										
(11)										
	1	1		<u> </u>		<u> </u>				

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) Name and title Average hours per week (list any				Average box, unless person is both an hours officer and a director/trustee					(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	c	(F) imated of other compens from the		
		hours for related organizations below dotted line)	dual trustee ector	Institutional trustee	9r	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-NEC)		ed orga		5
(12)														
(13)														
(14)														
(15)														
(16)														
(17)	7)													
(18)														
(19)														
1b	Subtotal								56,829					
q C	Total from continuation shee Total (add lines 1b and 1c)								56,829					
2	Total number of individuals (inc	luding but not lim	nited	to th	ose	listed	abo	ve)		00,000 of				
	reportable compensation from	the organization		0									Yes	No
3	Did the organization list any for employee on line 1a? <i>If</i> "Yes,"	mer officer, dire	ctor,	trust	ee, k	ey e	mplo	yee,	, or highest compensated			3		X
4	For any individual listed on line	1a, is the sum of	of rep	ortal	ole c	ompe	ensat	ion a	and other compensation fror	n the	·····			
	organization and related organi individual											4		Х
5	Did any person listed on line 1a for services rendered to the organization	a receive or accr	ue c	ompe	ensat	ion f	rom :	any	unrelated organization or inc	dividual	- 1	5		X
Sect	ion B. Independent Contractor		,3, 0	σπρι	icic c	30110	daic	0 101	r sacri persori			<u> </u>		
1	Complete this table for your five compensation from the organization													
		(A) business address	проп	oauo	11 101	1110	oaioi	laai		(B) ion of services		Cor	(C) mpensati	on
2	Total number of independent correceived more than \$100,000 c							ose	listed above) who	0				

				VALLEY PO of Revenue	JBL	C RA	DIO COMI	PANY 84	-1213380		Page 9
Pa	rt V				ains a	a respon	se or note to	o anv line in this	Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts Its	1a	Federated camp	aigns	 S	1a						
irar oun		Membership due			1b						
Å,	С	Fundraising ever			1c						
3ifts ar		Related organiza			1d						
s, (imil		Government grants (co			1e		95,031				
rtion er S	f	All other contributions, and similar amounts no			1f		159,030				
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included in lines 1a-1f			87,974						
Son	h			f				254,061			
	•	101411 / 104 111100	.u.				Business Code				
d)	2a	UNDERWRITIN	1G				515100	101,788	101,788		
Program Service Revenue	b						711190	18,866	18,866		
Sel	С							_	_		
am Seve	d										
rog	е										
<u> </u>	f	All other progran	n ser	vice revenue							
	g	Total. Add lines	2a-2	<u>ef</u>				120,654			
	4 5	Income from inve	estme	ent of tax-exempt	bond	proceeds					
	6a	Gross rents	6a	· · · · · ·		(.,					
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
		Net rental incom	e or	(loss)							
	7a	Gross amount from sales of assets		(i) Securities		(i	i) Other				
		other than inventory	7a								
nue	b	Less: cost or other									
ven		basis and sales exps.	7b								
Re		Gain or (loss)	7c	_							
Other Reve					. <u></u>	<u></u> T					
ō	ва	Gross income from									
		(not including \$		on line							
		of contributions rep 1c). See Part IV, lir			8a		39,198				
	h	Less: direct expe			8b		44,597				
				rom fundraising e		l		-5,399			-5,399
		Gross income from			51110	<u> </u>		2,000			3,333
		activities. See Pa			9a						
	b	Less: direct expe			9b						
				from gaming activ	ities	<u> </u>	<u></u>				
		Gross sales of ir									
		returns and allow			10a						
	b	Less: cost of goo	ods s		10b						
	_	Net income or (Id	occ) 1	from solon of invo	nton						

Business Code

276

276 369,592

276

120,930

0

-5,399

d All other revenue

e Total. Add lines 11a-11d.

12 Total revenue. See instructions

Pa	rt IX Statement of Functional Ex	oenses			Ü
Secti	ion 501(c)(3) and 501(c)(4) organizations must co			ete column (A).	
	Check if Schedule O contains a respo	<u> </u>	B Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 2b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	56,829	36,939	5,683	14,207
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	147 055	00 104	E 6/1	E4 120
7	Other salaries and wages Pension plan accruals and contributions (include	147,955	88,184	5,641	54,130
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	16,743	10,230	926	5,587
11	Fees for services (nonemployees):	_			
а	Management				
b	Legal				
С	Accounting	39,315	4,134	32,923	2,258
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	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	35,215	5,000	24,215	6,000
13	Office expenses	17,745	10,458	1,575	5,712
14	Information technology	14,841	8,808	2,649	3,384
15	Royalties				
16	Occupancy	20,018	13,320	952	5,746
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	6,019	3,677	333	2,009
21	Interest Payments to affiliates	0,019	3,077	333	2,005
22	Depreciation, depletion, and amortization	18,485	11,295	1,022	6,168
23	Insurance	12,689	7,753	702	4,234
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.)	27 256		27 256	
a	RADIO ROOM	27,256 14,759	14,759	27,256	
b	PROGRAMMING MEMBERSHIPS AND DUES	14,759	14,/35	14,563	
d	CIIDDI TEC	11,310		11,505	11,310
e	All other expenses	37,541	12,216	5,346	19,979
25	Total functional expenses. Add lines 1 through 24e	491,283	226,773	123,786	140,724
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 if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 204,923 76,967 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 19,833 6,317 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 31,000 31,000 Inventories for sale or use Prepaid expenses and deferred charges 4,278 8,008 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 683,569 10a b Less: accumulated depreciation 10b 381,323 298,277 302,246 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets Other assets. See Part IV, line 11 15 15 562,041 420,808 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 16,138 17 14,515 17 Grants payable 18 18 29,296 27,063 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 154,774 139,088 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 180,666 200,208 26 **Total liabilities.** Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 338,154 211,253 27 23,679 28,889 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 361,833 240,142 Total net assets or fund balances 32 32 562,041 420,808 Total liabilities and net assets/fund balances

Form **990** (2023)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part IXI, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1-121,691 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 361,833 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Acrual 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? 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. X Separate basis Consolidated basis Both consolidated and separate basis C 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 Co	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -121,691 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 Sonated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 491,283 3 Revenue less expenses. Subtract line 2 from line 1 3 1-121,691 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 361,833 5 Net unrealized gains (losses) on investments 5 S S S S S 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Ves 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? 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization changed either its oversight	1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	69,	<u> 592</u>
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	2			
4. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5. Net unrealized gains (losses) on investments 6. Donated services and use of facilities 7. Investment expenses 8. Prior period adjustments 9. 9 Other changes in net assets or fund balances (explain on Schedule O) 10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10. Very saset or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11. Accounting method used to prepare the Form 990:	3	Decision less surgers Cultimet line Officer line 4	3	-1:	21,6	<u> 591</u>
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 11 Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	61,8	<u> 833</u>
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Z40,142 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5		5			
7 Investment expenses 7 8 Prior period adjustments 8 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 3.2, column (B)) 10 240,142 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6	Donated services and use of facilities	6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Tenancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8		8			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990:	10					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:		32, column (B))	10	2	40,3	142
Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting				
Yes No		· · ·				
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? 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. 3becarrate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
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EXIS Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
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the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Separate basis Consolidated basis Both consolidated and separate basis				1
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				1
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	l
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tax year, explain on				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Uniform Cuidanas 2 C.E.B. Dott 200, Subport E2		3a		Х
	b					
				3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

GRAND VALLEY PUBLIC RADIO COMPANY

Employer identification number 84-1213380

P	art i	Reaso	on for Public Charity	Status. (All organizations	must co	ompiete	this part.) See instruction	S.
The	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)		
1	Ш	A church, con	envention of churches, or asso-	ciation of churches described in	section 1	170(b)(1)(A)(i).	
2	Ш	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)			
3	Ш	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)		
4	Ш	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hospi	tal's name,
		city, and state						
5	Ш			a college or university owned or	operated	by a gove	ernmental unit described in	
_			(b)(1)(A)(iv). (Complete Part I	•				
6	H.	•		vernmental unit described in sec			•	
7	X	•	on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from	a govern	mental un	it or from the general public	
8				70(b)(1)(A)(vi). (Complete Part II.	1			
9	Н			ribed in section 170(b)(1)(A)(ix)	•	in coniur	nction with a land-grant college	
•	ш			agriculture (see instructions). En				
		university:						
10		An organization	on that normally receives (1)	more than 33 1/3% of its support	t from cor	ntributions	, membership fees, and gross	
		•	•	t functions, subject to certain exc	•	` '		
			0	I unrelated business taxable inco 1975. See section 509(a)(2). (0	`		11 tax) from businesses	
11			•	clusively to test for public safety.	-		'a)(4).	
12	П			clusively for the benefit of, to per				of
		-		ns described in section 509(a)(
		the box on lin	es 12a through 12d that desc	cribes the type of supporting orga	inization a	nd comple	ete lines 12e, 12f, and 12g.	
	а			rated, supervised, or controlled by		_		
		• • • • • • • • • • • • • • • • • • • •	• , ,	er to regularly appoint or elect a r		the direc	tors or trustees of the	
	L	_ `` `	•	mplete Part IV, Sections A and			d arganization(a) by baying	
	b			ervised or controlled in connection ng organization vested in the sar			.,,,	
			on(s). You must complete i	• •	no poloci	io triat coi	nitor of manage ine cappointed	
	С	Type III 1	functionally integrated. A รเ	upporting organization operated in ructions). You must complete P				
	d		• ,,,	. A supporting organization opera				
		that is no	t functionally integrated. The	organization generally must satis	sfy a distril	bution rec	uirement and an attentiveness	
		_ `	,	ust complete Part IV, Sections				
	е			ved a written determination from -functionally integrated supporting			Type I, Type II, Type III	
	f		nber of supported organization					
	g	Provide the fo	ollowing information about the	supported organization(s).	ı		 	
(•	e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	org	ai iizauoi i		above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(0)								
(C)								
(D)								
(-)								
(E)								
Tota	d							

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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	364,911	448,658	406,341	314,424	254,061	1,788,395
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	364,911	448,658	406,341	314,424	254,061	1,788,395
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						1,788,395
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	364,911	448,658	406,341	314,424	254,061	1,788,395
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			10,555			10,555
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		143	39,660			39,803
11	Total support. Add lines 7 through 10						1,838,753
12	Gross receipts from related activities, etc. (see instructions)				12	362,132
13	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2023 (line 6,	column (f) divided by	/ line 11, column (f))		14	97.26 %
15	Public support percentage from 2022 Scheo	lule A, Part II, line 1	4			15	97.03%
16a	33 1/3% support test — 2023. If the organ	ization did not check	k the box on line 1	3, and line 14 is 33	1/3% or more, che	eck this	
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	n			X
b	33 1/3% support test — 2022. If the organ						
	this box and $\mbox{\bf stop}$ $\mbox{\bf here.}$ The organization $\mbox{\bf q}$	ualifies as a publicly	supported organiz	zation			
17a	10%-facts-and-circumstances test — 20	23. If the organization	n did not check a	box on line 13, 16a	, or 16b, and line 1	4 is	
	10% or more, and if the organization meets	the facts-and-circur	nstances test, che	ck this box and sto	p here. Explain in		
	Part VI how the organization meets the fact	ts-and-circumstances	s test. The organiz	ation qualifies as a	publicly supported		
	organization						
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization	meets the facts-and-	circumstances test	t, check this box an	nd stop here. Expla	ain	
	in Part VI how the organization meets the f	acts-and-circumstand	ces test. The organ	nization qualifies as	a publicly support	ed	
	organization		-				
18	Private foundation. If the organization did						
	instructions						

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

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

Sec	tion A. Public Support	, ,		· •	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2015	(6) 2020	(6) 2021	(u) 2022	(6) 2023	(i) Total
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	and 12.) First 5 years. If the Form 990 is for the on	canization's first se	econd, third, fourth	or fifth tax vear as	a section 501(c)(3)	1	
	organization, check this box and stop here	•		•	, , , ,		
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2023 (line 8,	column (f), divided	by line 13, column	(f))		15	%
16	Public support percentage from 2022 Sche						%
Sec	tion D. Computation of Investme	ent Income Per	rcentage				
17	Investment income percentage for 2023 (lin	ne 10c, column (f),	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2022	Schedule A, Part III	l, line 17			18	%
19a	33 1/3% support tests — 2023. If the orga	anization did not ch					
	17 is not more than 33 1/3%, check this bo	x and stop here. T	The organization qu	alifies as a publicly	supported organiz	ation	Ц
b	33 1/3% support tests — 2022. If the organic						
	line 18 is not more than 33 1/3%, check this	_	_				
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box a	and see instructions	S	

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Part IV **Supporting Organizations**

(Complete only if you checked a box on 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.

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- 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.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
 - 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		
	3a		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
Sch	10b	Δ (Form (990) 2023
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GRAND VALLEY PUBLIC RADIO COMPANY

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	on 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	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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			
Socti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a b				
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	ne)		
2	Activities Test. Answer lines 2a and 2b below.	113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	0, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	omplete	e Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	on A Augustou Not moonie		(1) 1 1101 1 041	(optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			`` '
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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,	Ť		
-	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		
	ion C – Distributable Amount	,		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Typ	e III su	upporting organization	

Schedule A (Form 990) 2023

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)		
Secti	on D – Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt purposes	S		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	f supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide details	s in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	6	Distributable
	Pintile table and a fee coop from Outline O. Free O.		Pre-2023		Amount for 2023
	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
•					

Schedule A (Form 990) 2023

Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Pa	Information. Protection A, lit IV, Section A, lit 2; Part IV, Section T, line 1; Part	rovide the explar nes 1, 2, 3b, 3c on C, line 1; Part V, Section B, lin	nations requ , 4b, 4c, 5a, IV, Section e 1e; Part \	, 6, 9a, 9b, 9c, 1 D, lines 2 and 3	ne 10; Part II, line 1a, 11b, and 11c; ; Part IV, Section s 5, 6, and 8; and	17a or 17b; Part
Part II	, Line 10	- Other I	ncome Deta	ail			
				\$	39,803		
•							
*							
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.

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

2023

GRAND VALLEY PUBLIC RADIO COMPANY 84-1213380 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

GRAND VALLEY PUBLIC RADIO COMPANY

Employer identification number 84-1213380

Part I	Contributors (see instructions). Use duplicate copies of Pa	urt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORPORATION FOR PUBLIC BROADCASTING 401 9TH STREET WASHINGTON DC 20004	\$ 95,031	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
No.	raine, audiess, and ZiF + 4	Total contributions	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

Inspection

Name of the organization Employer identification number GRAND VALLEY PUBLIC RADIO COMPANY 84-1213380 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Part III Organizations Maintaining	Collections of	Art, Historical	Treasures, o	r Other Simila	ar Ass	ets (contin	ued)	
3 Using the organization's acquisition, accession,	and other records,	check any of the foll	owing that make	significant use of	its			
collection items (check all that apply).								
a Public exhibition	_	Loan or exchange p	-					
b Scholarly research	е 🔛	Other						
c Preservation for future generations	etions and aumicia h	ann than from than the	araanizatian'a ay	rament numbers in F) a = 4			
4 Provide a description of the organization's colle XIII.	ections and explain r	now they further the	organization's ex	tempt purpose in F	чап			
5 During the year, did the organization solicit or i	receive donations of	art historical treasur	res or other sim	ilar				
assets to be sold to raise funds rather than to l		•	·			Пу	es	No
Part IV Escrow and Custodial Arra		it of the organization				······ <u> </u>	<u> </u>	
Complete if the organization	_	on Form 990, F	art IV, line 9	, or reported a	n amoi	unt on Forn	า	
990, Part X, line 21.		•	,	, 1				
1a Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions o	r other assets n	ot				
included on Form 990, Part X?						🗌 Ү	es	No
b If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table.						
						Amou	nt	
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			_
2a Did the organization include an amount on For							es	No
b If "Yes," explain the arrangement in Part XIII. C	theck here if the exp	lanation has been pi	ovided on Part 2	XIII				
Part V Endowment Funds	answered "Vee"	on Form 000 F	Oart IV/ line 1	0				
Complete if the organization	(a) Current year	(b) Prior year	(c) Two yea		ree years b	nack (a) Fo	ur years	- hack
1a Beginning of year balance	(a) Odneni year	(b) Frior year	(c) Two year	as back (u) III	ice years t	Jack (e) i c	ui year	- Dack
b Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the curren		(line 1g, column (a))	held as:					
a Board designated or quasi-endowment	%							
b Permanent endowment %								
c Term endowment %								
The percentages on lines 2a, 2b, and 2c should								
3a Are there endowment funds not in the possess	ion of the organization	on that are held and	administered for	the .				Т
organization by:						[a_m	Yes	No
(i) Unrelated organizations?						0 - (**)	1	+
(ii) Related organizations?		d on Cohodula D2				3a(ii)		+
b If "Yes" on line 3a(ii), are the related organization						<u>3b</u>		
Part VI Land, Buildings, and Equip		ment iunas.						
Complete if the organization		on Form 990 P	art IV line 1	1a See Form	990 P	art X line 1	0	
Description of property	(a) Cost or other		or other basis	(c) Accumulate		(d) Boo		
	(investment)	1 ''	other)	depreciation		(2, 200		
1a Land			40,018				40.	018
b Buildings			483,113	243	,338	2		775
c Leasehold improvements								
d Equipment			135,895	126	,940		8,	955
e Other			24,543		,045			498
Total. Add lines 1a through 1e. (Column (d) must equ		K, line 10c, column (E	3))			3	02,	246

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on I	Form 000 Part IV lin	o 11h Soo Form 000 P	art V line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial (0001 01 0114 01 701	a maner raido
(1) Financial (derivatives			
	ld equity interests			
			+	
(A)		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)			+	
<u>(5)</u>			+	
(6)			+	
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
I alt X	Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(♥)				
(0)				
(9)	a (h) must occupi Form 000. Part V. lina 05. act (DI)			
Total. (Column	n (b) must equal Form 990, Part X, line 25, col. (B))	ato to the organization's fire	popial etataments that reserve the	20

P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro art XI, Line 4b - Revenue Amounts Inclu PECIAL EVENT EXPENSES	•			-44,597
	art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b;	Part V, line 4; Part X	, line	
с 5				4c 5	491,283
b	Add lines 4s and 4b			40	
а	,,,				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
е 3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	491,283
d			44,597	2e	44,597
C			44 507		
b	Prior year adjustments				
а		2a			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				333,000
1	Complete if the organization answered "Yes" on Form 9 Total expenses and losses per audited financial statements			1	535,880
Pa	Reconciliation of Expenses per Audited Financial S		•	eturn	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	369,592
C			_	4c	-44,597
b			-44,597		
4 a	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	4a			
3	Subtract line 2e from line 1			3	414,189
e				2e	/1/ 100
d	/	2d			
С	Recoveries of prior year grants	2c			
	Donated services and use of facilities	2b			
b		2a			
a b	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
_	Complete if the organization answered "Yes" on Form 9 Total revenue, gains, and other support per audited financial statements			1	414,189

Schedule D (Fo					RADIO	COMPANY	84-1213380	Page 5
Part XIII	Supplement	al Inform	nation (conti	inued)				
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

GRAND VALLEY PUBLIC	C RADIO C	ОМР	ANY		84-12133	
Part I Fundraising Activities. Complete if						
Form 990-EZ filers are not required to					· · · · · · · · · · · · · · · · · · ·	
1 Indicate whether the organization raised funds through any	y of the following a	activitie	s. Ch	eck all that apply.		
a Mail solicitations	e Solicitation	of no	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	/ernm	ent grants		
c Phone solicitations	g Special fun	draisir	na eve	ents		
d In-person solicitations			J			
2a Did the organization have a written or oral agreement with	n anv individual (in	cludin	n offic	ers, directors, trustees.		
or key employees listed in Form 990, Part VII) or entity in	connection with p	rofessi	onal f	undraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fund	draisers) pursuant	to agr	eemer	nts under which the fundrais	ser is to be	
compensated at least \$5,000 by the organization.	1		id fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual			have or	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(ii) Activity	cont	rol of utions?	from activity	fundraiser listed in col. (i)	organization
		Yes			coi. (i)	
1		100	110			
2						
		-				
3						
4						
5						
^		+				
6						
7						
		-				
8						
9						
0						
Total	1	1	<u> </u>			
3 List all states in which the organization is registered or lice	ensed to solicit con	tributio	ons or	has been notified it is exer	npt from	1
registration or licensing.			01	Doon notined it is exer		

	art II	Fundraising Ev than \$15,000 of	vents. Complete if the organi fundraising event contribution reater than \$5,000.	zation answered "Yes" on	Form 990, Part IV, line	•
		<i>g</i>	(a) Event #1 FUND RAISING EV (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 (Gross receipts	39,198			39,198
	3 (ess: Contributions Gross income (line 1 minus ne 2)	39,198			39,198
	4 (Cash prizes				
	5 1	Noncash prizes				
enses	6 F	Rent/facility costs				
Direct Expenses		Food and beverages				
ă		Entertainment	44 507			44 507
	10 [Other direct expenses [44,597 Add lines 4 through 9 in column (d)			44,597 44,597
P	art II	Net income summary. Sub Gaming. Comp	tract line 10 from line 3, column (d) polete if the organization answ	ered "Yes" on Form 990.	Part IV. line 19. or repor	-5,399 ted more than
	I		m 990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 (Gross revenue			+	
nses	2 (Cash prizes				
Direct Exper		Noncash prizes				
Dire	4 F	Rent/facility costs				
	5 (Other direct expenses	Yes %	Yes %	Yes %	
	6 \	/olunteer labor	Yes % No	No No	Yes % No	
	7 [Direct expense summary.	Add lines 2 through 5 in column (d)			
	8 1	Net gaming income summa	ary. Subtract line 7 from line 1, colun	nn (d)		
	Is the	e organization licensed to p," explain:	organization conducts gaming activit conduct gaming activities in each of	these states?		Yes No
			gaming licenses revoked, suspende			

Sche	edule G (Form 990) 2023	GRAND VALLE	Y PUBLIC	RADIO	COMPANY	84-1213380			ı	⊃age 3
11	Does the organization cond	duct gaming activities with	nonmembers?						Yes	No
12	Is the organization a granto							_		_
	formed to administer charita	able gaming?							Yes	∐ No
13	Indicate the percentage of									
а	The organization's facility						13a			<u>%</u>
b	An outside facility						13b_			<u>%</u>
14	Enter the name and addres records:	ss of the person who prep	pares the organiz	ation's gamino	g/special events boo	iks and				
	Name									
	Address									
15a	Does the organization have revenue?								Yes	☐ No
b	If "Yes," enter the amount of	of gaming revenue receive	ed by the organiz	ation :	\$	and the				
	amount of gaming revenue	•	y \$							
С	If "Yes," enter name and ad	ddress of the third party:								
	Name									
	Address									
16	Gaming manager information	on:								
	Name									
	Gaming manager compens	sation \$								
	Description of services prov	vided								
	Director/officer	Employee	Indepe	endent contra	actor					
17	Mandatory distributions:									
а	Is the organization required	under state law to make	charitable distrib	utions from th	e gaming proceeds	to				
	retain the state gaming lice								Yes	☐ No
b	Enter the amount of distribu	utions required under state	e law to be distrib	outed to other	exempt organization	ns or				_
	spent in the organization's of			\$						
Pa		9, 9b, 10b, 15b, 15c	•			line 2b, columns (iii) ide any additional info	. ,		d	
	See manuch	JI 10.								

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

	GRAND VAI	LEY P	UBLIC RADIO	COMPANY	84-12	213380		
Pa	art I Types of Property				·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of c noncash contrib	determining		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
40	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()	X	1	87,974				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the	_	•					
	which the organization completed For	m 8283, P	art v, Donee Acknowled	gement	29		Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1 th	nrough			
	28, that it must hold for at least 3 year	rs from the	date of the initial contrib	ution, and which isn't require	ed to be			
	used for exempt purposes for the ent	ire holding	period?			30a		X
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift acc	eptance po	olicy that requires the revi	ew of any nonstandard				
	contributions?					31	Х	
32a	Does the organization hire or use thir							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an am	ount in colu	umn (c) for a type of prop	perty for which column (a) is	checked,			
	describe in Part II							

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.

OMB No. 1545-0047 **2023**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

GRAND VALLEY PUBLIC RADIO COMPANY 84-1213380 Form 990, Part VI, Line 6 - Classes of Members or Stockholders MEMBERS ARE THOSE WHO FINANCIALLY SUPPORT THE ORGANIZATION. 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 Conflicts Policy BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALY. Form 990, Part VI, Line 15a - Compensation Process for Top Official EXECUTIVE DIRECTOR COMPENSATION IS SET BY THE BOARD. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence 1 179

Name(s) shown on return

GRAND VALLEY PUBLIC RADIO COMPANY

Identifying number 84-1213380

	ess or activity to which this form rela							
<u>I</u>	<u>ndirect Deprecia</u>							
Pa	-	oense Certain Prop	•					
	Note: If you hav	e any listed property	/, complete Part \	V before you co	omplete Part	l.		
1	Maximum amount (see instruct						1	1,160,000
2	Total cost of section 179 prope	erty placed in service (see	instructions)				2	
3	Threshold cost of section 179 p			ructions)			3	2,890,000
4	Reduction in limitation. Subtract						4	
5	Dollar limitation for tax year. Subtract						5	
6	(a) Descr	ription of property		(b) Cost (business use	only) (c)	Elected cost		
					- 			
7	Listed property. Enter the amou				7			
8	Total elected cost of section 17						8	
9	Tentative deduction. Enter the						9 10	
10	Carryover of disallowed deducti Business income limitation. Ente	on from line 13 of your 2	UZZ FUIII 450Z				11	
11 12	Section 179 expense deduction						12	
13	Carryover of disallowed deduction				13		12	
	: Don't use Part II or Part III belo				13			
		iation Allowance a		ciation (Don't	include listed	property	/ Sec	instructions)
14	Special depreciation allowance					proport		mondonone.
•	during the tax year. See instruc		ior aran notou propert				14	
15	Property subject to section 168						15	
16	Other depreciation (including A	CRS)					16	18,483
		ciation (Don't includ						
	•	,	Section		•			
17	MACRS deductions for assets	placed in service in tax ye	ears beginning before	2023			17	0
18	If you are electing to group any assets pla							
	Section E	B-Assets Placed in Se	rvice During 2023 Ta	ax Year Using the	e General Depr	eciation S	/stem	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciat (business/investment u		(e) Convention	(f) Meth	nod	(g) Depreciation deduction
	(a) Classification of property	service	only-see instructions		(e) convention	(i) Wea	100	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
d	10-year property							
<u>e</u>	15-year property							
f	20-year property							
<u>g</u>	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property	1 . 5	. D		MM	S/L		
		-Assets Placed in Serv	rice During 2023 Tax	X Year Using the	Alternative Dep			1
20a	Class life			- 10		S/L		
b	12-year			12 yrs.	141.	S/L		
	30-year			30 yrs.	MM	S/L		
d	40-year	instructions \		40 yrs.	MM	S/L	ļ	
	Summary (See						04	
21 22	Listed property. Enter amount for Total. Add amounts from line 1		nee 10 and 20 in colum	mp (a) and line 24	Enter		21	
~~	here and on the appropriate lin						22	18,483
23	For assets shown above and pl				T			
	portion of the basis attributable				Ī			

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior	MACRS:	11/07/09	(29		(29)	7. HW 200DD	629	0
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	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 PEAMI (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 (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 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 RAINSTALLATION DIGITAL RECORDER - STUDIO D ZZOUNDS AUDIO EQUIPMENT - STUDIO DIGITAL RECORDER - STUDIO D	1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/11/99 1/11/99 1/11/99 1/11/99 2/02/99 2/02/99 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01	628 276 142 988 82 4,234 257 262 83 278 288 139 178 152 20 867 93 209 360 98 550 1,175 540 175 450 2,000 4,000 2,200 9,100 1,232 1,639 286 252 312 137 1,195 388 2,698 1,303 479 600 1,287	X X X	628 276 142 988 82 4,234 257 297 262 83 278 139 178 152 20 867 93 209 360 98 550 1,175 540 1,75 450 2,000 4,000 2,200 9,100 1,232 1,639 286 252 312 137 1,195 388 2,698 1,303 2,303 3,000 3,000 3,000 3,000 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 4,000 2,200 3,100 3,000 4,000 2,200 3,100 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000	7 HY 200DB	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 4,000 200 2,200 9,100 1,232 1,639 286 252 312 137 1,195 388 2,698 1,303 479 600 1,287	
-	100 WATT TRANSMITTER CROWN FRONT DOOR KEYPAD SYSTEM	11/02/98 6/30/04	4,496 1,157 47,782	X	4,496 578	7 HY 200DB	4,496 1,157	0 0
		=	41,102	:	46,019		47,782	<u> </u>
5 44 48 49 50 51 52 53 54 55 56 57 58 59	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 PROCESSER LEA SP100-120/240SP SURGE SUPRESSINSTALL ANTENNA - REX INDUSTRIES AF225 FM RECEIVER ELECTRICAL UPGRADE - AMP-PRO INSTALLATION - DATAVIX CABLEWAVE SALES TAX INSTALLATION - DATAVIX 80 CHAIRS - RADIO ROOM	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 1,611 138 811 2,236		2,770 2,595 2,425 4,696 469 3,500 545 514 1,611 138	39 MO S/L 7 MO S/L 10 MO S/L 7 MO S/L 7 MO S/L 10 MO S/L 7 MO S/L 10 MO S/L 7 MO S/L 10 MO S/L	63 2,401 897 15,308 2,085 7,140 1,207 2,770 2,595 2,425 4,696 469 3,500 545 514 1,611 138 811 2,236	0 108 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Federal Asset Report Form 990, Page 1

		Data		Dua Caa	Dania			
Asset	Description I	Date n Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	AUTOMEDIA ASSOCIATES - EQUIPME	2/01/13	2,278		2,278	7 MO S/L	2,278	0
	EQUIPMENT EQUIPMENT	2/14/13	866				859	7
67	WHEATSTONE INO39549	2/14/13	513				509	4
	SECURITY CAMERA	3/01/13	699		699	10 MO S/L	687	12
	COMPUTER UPGRADE FOR BOOTH	4/03/13	679			10 MO S/L	662	17
	BSW - SENNHEISER AND MIDD ATLAN	5/20/13	135				130	5
	DENON CD PLAYER	7/05/13	329				313	16
72	SIMIAN	8/16/13	2,672			10 MO S/L	2,516	156
	AUTOMATION COMPUTER PARTS NETGEAR PROSAFE ETHERNET	8/20/13 8/29/13	659 236			10 MO S/L 10 MO S/L	621 222	38 14
		10/18/13	366			10 MO S/L 10 MO S/L	339	27
		12/31/13	1,612			10 MO S/L	1,465	147
	PALISADE TRANSLATOR	3/31/16	11,551			10 MO S/L	7,893	1,155
78		12/15/16	9,261		9,261	5 MO S/L	9,261	0
79		12/15/16	3,200			10 MO S/L	1,947	320
80	RADIO ROOM LIGHTING	11/01/17	2,250			10 MO S/L	1,163	225
	STAND-ALONE HEATING & AC	7/17/19	7,600			15 MO S/L	1,773	507
	CHAIRS FOR RADIO ROOM	9/28/19	3,157		,	15 MO S/L	701	211
83		10/11/19	1,800		1,800	5 MO S/L	1,170	360
	(4) DELL POWEREDGE 850 COMPUTER		2,080		2,080	5 MO S/L	2,080	0
	CONSTRUCTION 1310 UTE #2 AUDITORIUM	6/30/02 6/30/02	6,912 439			39 MO S/L 39 MO S/L	3,639 229	178 11
	5 HEATERS/COOLERS	6/30/02	18,500			39 MO S/L	9,584	475
97	1310 UTE BUILDING	6/30/02	245,828			39 MO S/L	127,902	6,303
	AUDITORIUM	6/30/03	1,450		- ,	39 MO S/L	726	37
99	CONSTRUCTION - 1310 UTE	6/30/03	1,025			39 MO S/L	512	26
100	DUCTWORK 1310 UTE	6/30/03	8,000		8,000	39 MO S/L	4,008	205
101	CONTRIBUTED LABOR - CONSTRUCTI	6/30/03	7,500		7,500		7,500	0
	CONTRIBUTED LABOR - CONSTRUCTION		5,000			39 MO S/L	2,505	128
104	SOLAR ELECTRIC SYSTEM	3/31/08	10,243				7,597	512
		12/31/08	61,770			39 MO S/L	23,461	1,584
	LANDSCAPING - 2009	1/01/09	20,368			39 MO S/L	7,312	522
	LABOR REMODEL MATERIAS STUDIO REMODEL	7/13/13 12/20/13	8,746 17,622		17,622	10 MO S/L 10 MO S/L	8,309 16,007	437 1,615
	REMODEL	3/31/16	5,887			10 MO S/L 10 MO S/L	4,023	588
	BUILDING IMPROVEMENTS - TERRY I		3,000		,	15 MO S/L	1,117	200
	BARNES ELECTRIC	8/28/19	5,000			40 MO S/L	427	125
	1310 UTE - LAND	6/30/02	40,018		40,018	7 Land	0	0
113	LOAN FEES - NEW MORTGAGE	1/14/19	6,547		6,547	22 MO S/L	1,190	298
		11/10/21	11,053		11,053	15 MO S/L	860	737
	5 EA. OFFICE CHAIRS, 2 EA. GUEST CH		6,313		6,313	7 MO S/L	150	902
116		12/31/23	25,260			39 MO S/L	0	0
117	HVAC	4/13/23	14,108	-	14,108	39 MO S/L	0	271
	Total Other Depreciation	_	635,787	-	635,787		315,058	18,483
	Total ACDC and Other Denne	-4 :	625 797		625 707		215.059	10 402
	Total ACRS and Other Deprecia	auon =	635,787	=	635,787		315,058	18,483
	Grand Totals		683,569		681,806		362,840	18,483
	Less: Dispositions and Transfers	S	005,509		001,000		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals	_	683,569	-	681,806		362,840	18,483

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		Tax a of this report	AMT	AMT Adjustments/ Preferences		

84-1213380

Future Depreciation Report FYE: 12/31/24 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Prior M	IACRS:				
Prior M 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 23 33 34 35 36 37 38 39 40 41 42 43 45 46 47 84	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 JOSEPH KONICEK - INSTALLATION DIGITAL RECORDER - STUDIO D ZZOUNDS AUDIO EQUIPMENT - STUDIO D AUDIO EQUIPMENT - STUDIO D AUDIO EQUIPMENT - STUDIO D	1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/05/99 1/11/99 1/11/99 1/11/99 1/11/99 2/02/99 2/02/99 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01 6/30/01	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 4,000 200 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		
102	FRONT DOOR KEYPAD SYSTEM	6/30/04	1,157 47,782	0	$\frac{0}{0}$
Other I	Depreciation:		47,762	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 0 0 0

84-1213380

Future Depreciation Report FYE: 12/31/24 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
63	INSTALLATION - DATAVIX	12/27/11	811	0	0
64	80 CHAIRS - RADIO ROOM	10/25/12	2,236	Ö	Ö
65	AUTOMEDIA ASSOCIATES - EQUIPMENT	2/01/13	2,278	Ö	0
66	EQUIPMENT	2/14/13	866	Ö	Ö
67	WHEATSTONE INO39549	2/14/13	513	Ö	Ö
68	SECURITY CAMERA	3/01/13	699	0	0
69	COMPUTER UPGRADE FOR BOOTH	4/03/13	679	Ö	0
70	BSW - SENNHEISER AND MIDD ATLANTIC	5/20/13	135	Ö	0
71	DENON CD PLAYER	7/05/13	329	Ö	0
72	SIMIAN	8/16/13	2,672	0	0
73	AUTOMATION COMPUTER PARTS	8/20/13	659	0	0
74	NETGEAR PROSAFE ETHERNET	8/29/13	236	0	0
75	DISTRIBUTION AMPLIFIER	10/18/13	366	0	0
76	PROFANITY DELAY	12/31/13	1,612	0	0
77	PALISADE TRANSLATOR	3/31/16	11,551	1,155	0
78	TELEPHONE SYSTEM - COMMWEST	12/15/16	9,261	0	0
79	FURNITURE - UMETCO	12/15/16	3,200	320	Ö
80	RADIO ROOM LIGHTING	11/01/17	2.250	225	Ö
81	STAND-ALONE HEATING & AC	7/17/19	7,600	507	Ö
82	CHAIRS FOR RADIO ROOM	9/28/19	3,157	210	Ö
83	WORKSTATION COMPUTERS	10/11/19	1,800	270	Ö
85	(4) DELL POWEREDGE 850 COMPUTERS	2/25/11	2.080	0	Ö
94	CONSTRUCTION 1310 UTE #2	6/30/02	6.912	177	Ö
95	AUDITORIUM	6/30/02	439	11	Ö
96	5 HEATERS/COOLERS	6/30/02	18,500	474	Ö
97	1310 UTE BUILDING	6/30/02	245,828	6,304	ő
98	AUDITORIUM	6/30/03	1,450	37	Ö
99	CONSTRUCTION - 1310 UTE	6/30/03	1,025	27	Ö
100	DUCTWORK 1310 UTE	6/30/03	8,000	205	ő
101	CONTRIBUTED LABOR - CONSTRUCTION :	6/30/03	7,500	0	ő
103	CONTRIBUTED LABOR - CONSTRUCTION -	6/30/04	5,000	129	ő
104	SOLAR ELECTRIC SYSTEM	3/31/08	10,243	512	Ö
105	LANDSCAPING	12/31/08	61,770	1,583	Ö
106	LANDSCAPING - 2009	1/01/09	20,368	522	ő
107	LABOR REMODEL	7/13/13	8,746	0	Ö
108	MATERIAS STUDIO REMODEL	12/20/13	17,622	ŏ	ő
109	REMODEL	3/31/16	5,887	589	ő
110	BUILDING IMPROVEMENTS - TERRY BROV		3.000	200	ő
111	BARNES ELECTRIC	8/28/19	5,000	125	Ö
112	1310 UTE - LAND	6/30/02	40,018	0	Ö
113	LOAN FEES - NEW MORTGAGE	1/14/19	6,547	298	Ö
114	HVAC	11/10/21	11.053	736	ő
115	5 EA. OFFICE CHAIRS, 2 EA. GUEST CHAIR		6,313	902	ő
116	Studio D Remodel	12/31/23	25,260	648	ő
117	HVAC	4/13/23	14,108	362	ő
117	Total Other Depreciation	4/13/23	635,787	16,637	0
	•			<u> </u>	
	Total ACRS and Other Depreciation		635,787	16,637	0
	Grand Totals		683,569	16,637	0

Form **990**

Event Income and Deduction Worksheet

Description FUND RAISING EVENTS

Name

GRAND VALLEY PUBLIC RADIO COMPANY

Taxpayer Identification Number

2023

84-1213380

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

2. Advertising income	Income & Expense Summary:		Expense Details - Indirect Expense:
2. Advertising income 2 Office Offi	1. Gross receipts or sales 1	39,198	Advertising and promotion
3. Circulation income 3. Printing/publication/postage (
4. Other income 4. Seturns and allowances 5. Returns and allowances 6. Contributions received 6. Contributions received 6. Contributions received 8. Cost of Goods Sold 8. Cost of Goods Sold 9. Employment Expense 9. ConferenceSmeetings 11. Indirect Expense 11. Indirect Expense 11. Indirect Expense 12. Total revenue Expense 13. Exampl Activity Expense 14. 44,597 15. Total expenses. Add lines 8 through 14 15. 44,597 16. Net Income/Loss. Line 7 minus Line 15 165,399 Expense Details - Cost of Goods Sold: Expense Details - Expense 1. Expense Details - Cost of Goods Sold: Expense Details - Expense 1. Expense Details - Cost of Goods Sold: Expense Details - Expense 1. Expense Details - Expense Details - Expense 1. Expense Details - Expense D			Printing/publication/postage
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7. Total revenue. Add lines 1 through 6 7. 39,198 Roots of Goods Sold 8. Travel & Repairs 10. Fees for services 9. 9. Interest 9. Intere	6. Contributions received 6.		Occupancy/Real Estate Taxes
8. Cost of Goods Sold 8. Travelentertainment (officials) 0. Fees for services 10. Interest Insurance 11. Indirect Expense 11. Indirect Expense 12. Insurance 12. Total Indirect Expense 13. Insurance 13. Exempt Activity Expense 13. Insurance 14. Fundraising Expense 14. 44,597 15. Total expenses. Add lines 8 through 14 15. 44,597 16. Net Income/Loss. Line 7 minus Line 15 165,399 16. Net Income/Loss. Line 7 minus Line 15 165,399 16. Net Income/Loss. Line 7 minus Line 15 165,399 17. Total expenses. Add lines 8 through 14 15. 44,597 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Expense De	7. Total revenue. Add lines 1 through 6 7.	39,198	Travel & Repairs
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12. Depreciation Expense 12.			Insurance
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Purchases Labor Repairs and Maintenance Repairs Repairs and Maintenance Repairs Repair	Expense Details - Cost of Goods Sold:		Total Depreciation Expense
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Pension plan contributions Other employee benefits Payroll taxes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Other direct expenses 44,597 Total Fundraising Expense 10	Other salaries and wages		
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Food & beverages (Part II only) Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Food & beverages (Part II only) Entertainment (Part II only) Other Grat II only) Allocation of Expense of Program Service Accomplishments: Allocation of Expense to Program Service Accomplishments: Second Third All other Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Total Employment Expense		Rent and facility costs
Expense Details - Fees for Services: Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Part VI, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Entertainment (Part II only) Other direct expenses 44,597 Total Fundraising Expense 44,597	Total Employment Expense		Food & heverages (Part II only)
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Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VII, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Allocation of Expense to Program Service Accomplishments: First Second Third All other			
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # Seq # Second Third Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities Part VIII, Exploited Activities	* *		
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Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Other		
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) Part VIII, Exploited Activities	Total Fees for Services		
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	Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Schedule A, UBIT Activity Code Seq	#	First
Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other Part VIII, Exploited Activities	Part V, Debt Financing		Second
Part VIII, Investments for C(7)(9)(17) All other Part VIII, Exploited Activities	Part VI, Controlled Org Income		Third
Part VIII, Exploited Activities	—		All other
I I Part IX. Advertising Income	Part IX, Advertising Income		

Form **990**

33. Number of volunteers

Two Year Comparison Report

ending

For calendar year 2023, or tax year beginning

Name

Taxpayer Identification Number

2022 & 2023

G	RAND VALLEY PUBLIC RADIO COMPANY				84-12	213380
			2022	2023		Differences
	1. Contributions, gifts, grants	1.	225,442	159	030	-66,412
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	88,982	95	5,031	6,049
ne	4. Program service revenue	4.	129,326	120	,654	-8,672
⊆	5. Investment income	5.				
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	135	_5	3,399	-5,534
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	89		276	187
	12. Total revenue. Add lines 1 through 11	12.	443,974	369	,592	-74,382
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.	52,241	56	,829	4,588
S	16. Salaries, other compensation, and employee benefits	16.	151,816	164	1,698	12,882
e	17. Professional fundraising fees	17.				
× σ	18. Other professional fees	18.	32,562		,315	6 , 753
ш	19. Occupancy, rent, utilities, and maintenance	19.	17,647		,018	2,371
	20. Depreciation and Depletion	20.	18,480		3,485	
	21. Other expenses	21.	167,115	191	L , 938	24,823
	22. Total expenses. Add lines 13 through 21	22.	439,861	491	L , 283	51,422
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	4,113	-121	.,691	-125,804
	24. Total exempt revenue	24.	443,974	369	,592	-74,382
	25. Total unrelated revenue	25.				
<u>o</u>	26. Total excludable revenue	26.	129,550		5,531	-14,019
	27. Total assets	27.	562,041	420	,808	-141,233
ᅙ	28. Total liabilities	28.	200,208	180	,666	-19,542
드	29. Retained earnings	29.	361,833	240	,142	-121,691
E E	30. Number of voting members of governing body	30.	6	6		
ō	31. Number of independent voting members of governing body	31.	6	6		
	32. Number of employees	32.	7	9		

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33.

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Form 990 Tax Return History

2023

Name

GRAND VALLEY PUBLIC RADIO COMPANY

Employer Identification Number 84-1213380

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants			445,674	314,424	254,061	
Membership dues						
Program service revenue			111,460	129,326	120,654	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)			11,555	135	-5,399	
Gaming revenue (income/loss)						
Other revenue			327	89	276	
Total revenue			569,016	443,974	369,592	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			50,035	52,241	56,829	
Other compensation			156,238	151,816	164,698	
Professional fees			37,575	32,562	39,315	
Occupancy costs			12,701	17,647	20,018	
Depreciation and depletion			20,817	18,480	18,485	
Other expenses			160,206	167,115	191,938	
Total expenses			437,572	439,861	491,283	
Excess or (Deficit)			131,444	4,113	-121,691	
			F.CO. 01.C	442.074	260 500	
Total exempt revenue			569,016	443,974	369,592	
Total unrelated revenue						
Total excludable revenue			123,342	129,550	115,531	
Total Assets			570,648	562,041	420,808	
Total Liabilities			212,928	200,208	180,666	
Net Fund Balances			357,720	361,833	240,142	