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

# **Return of Organization Exempt From Income Tax**

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

Form 990

OMB No. 1545-0047 Open to Public Inspection

Department o	of the Treasury nue Service				ers on this form instructions an				Open to Public Inspection		
		ar year, or tax year b		SEP 1, 2021	the second statement of the se	the second s	UG 29, 2022				
B Check if applicabl	lo:	organization					D Employer ide	intifica	tion number		
Addre chang	10 TWIN C.	ITIES PUBLIC MEI									
Name chang	e Doing bu	isiness as					47-2050	252			
Initial return X Final return											
		own, state or province	e, country, ar	postal code		G Gross receipts \$		9,087,500.			
Amen	DATEN'S 3	PAUL, MN 55101	2004/2004		a ser de a a		H(a) Is this a gro	and the second second			
Applic tion pendir		nd address of principa	al officer: SYI	JVIA STROBEL			for subordi	nates?	Yes X No		
	SAME AS	the second s					H(b) Are all subordir				
	empt status:	501(c)(3) 5	501(c) (	) < (insert no.)	) 4947(a)(1)	or 527			st. See instructions		
	te: N/A	-1.				1	H(c) Group exer				
	f organization:	Corporation	Trust	Association	Other ►	L Year	of formation: 2014	M	State of legal domicile: MN		
Part I		The second stranger				And all and	Line and	_	and the second se		
e 1		e the organization's n				SSION OF	TWIN CITIES	_			
E	-	A COMMONS (TCPM			and the second second second second	100.000	a sure may he of	1. 199 1.1			
2 ern		x ► x if the org			and the second second second			1 1	ts.		
3		ng members of the g						3	4		
∞ 4		ependent voting men						4	2		
5 dies		of individuals employe						5	20		
tivit 6	Total number o	of volunteers (estimat	te if necessar	y) (X		nionnanin		6			
AC AC	Total unrelated	l business revenue fr	om Part VIII,	column (C), line	12	mannatan	osuunsissississi	7a	0, 0,		
d	Net unrelated t	ousiness taxable inco	ome from For	m 990-1, Part I,	line 11	Tanaraijiai		7b			
. 8	Contributions	and amounts (Davit VIII	the state				Prior Year	0.	Current Year 9,025,000.		
e o		and grants (Part VIII, e revenue (Part VIII, I					250,0		62,500.		
011		ome (Part VIII, colum	and the second second				200,0	0.	0.		
e 11		(Part VIII, column (A)						0.	0.		
		add lines 8 through					250,0		9,087,500.		
		nilar amounts paid (P						0.	12,439,696.		
		o or for members (Pa		A				0.	0.		
45		compensation, empl			n (A), lines 5:10)			0.	0.		
9 16a		ndraising fees (Part I						0.	0,		
		ng expenses (Part IX,		line 25)	18	204.					
<b>Ш</b> 17		s (Part IX, column (A)					1,017,8	11.	178,200.		
		. Add lines 13-17 (mi					1,017,8	11.	12,617,896.		
		expenses. Subtract li					-767,8	11.	-3,530,396.		
10%			0.000			Be	ginning of Current Y	'ear	End of Year		
Net Assets or Fund Balances 75 75 05	Total assets (P	art X, line 16)					12,555,3	96.	0.		
SH 21	Total liabilities	(Part X, line 26)					9,025,0	00.	Ο.		
22 22		und balances. Subtra	act line 21 fro	om line 20			3,530,3	96.	0.		
Part II	Signature	Block									
Under pena	alties of perjury, I	declare that I have exar	mined this retu	rn, including acco	mpanying schedule	s and statem	ents, and to the best	of my k	nowledge and belief, it is		
true, correc	ct, and complete.	Declaration of preparer	(other)than of	ficer) is based on a	all information of w	hich preparer	has any knowledge.	100			
		Stasii of	Preis	rer				201	23		
Sign	Signature						Date				
Here		REINER , TREASU	JRER								
	Type or pi	rint name and title		12			Date Low		PTIN		

Paid	Print/Type preparer's name KAREN A. GRIES	Preparer's signature KAREN A. GRIES	06/14/23	Check if self-employed	PTIN 200078514	
Preparer	Firm's name BAKER TILLY US, LLP		Firm	m's EIN 🕨 3	9-0859910	
Use Only	Firm's address 👞 225 S 6TH ST #2300			1 7 P.	1	_
	MINNEAPOLIS, MN 55402		Pho	one no.612.8	76.4500	
May the I	RS discuss this return with the preparer shown a	bove? See instructions			X Yes	No
						and the second second second

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) TWIN CITIES PUBLIC MEDIA COMMONS	47-2050252	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF TWIN CITIES PUBLIC MEDIA COMMONS (TCPMC) IS TO OPERATE		
	EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES FOR THE BENEFIT		
	OF, TO SUPPORT THE FUNCTIONS OF, AND TO ASSIST IN CARRYING OUT THE		
	PURPOSES OF TWIN CITIES PUBLIC TELEVISION, INC., A MINNESOTA NONPROFIT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X	Yes 🗌 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expen	Ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$12,575,759. including grants of \$12,439,696. ) (Rever	nue \$	62,500.)
	TWIN CITIES PUBLIC MEDIA COMMONS (TCPMC) HANDLED THE RENEWAL AND		
	RENOVATION PROJECT OF TWIN CITIES PUBLIC TELEVISION'S (TPT) 25-YEAR OLD		
	FACILITY TO SUPPORT TPT'S MISSION AND STRENGTHEN TPT'S CONNECTION TO		
	THE COMMUNITIES THEY SERVICE. TCPMC ENTERED INTO A LEASE/USE AGREEMENT		
	WITH THE CITY OF SAINT PAUL TO OPERATE THE LAND AND BUILDING OWNED BY		
	TPT FOR THE PURPOSE OF PROVIDING A BROADCASTING STUDIO, MEDIA CENTER,		
	OFFICE HEADQUARTERS AND RELATED FACILITIES FOR PUBLIC TELEVISION. TCMPC		
	LEASES THE PREMISES TO TPT FOR THE PURPOSE OF PROVIDING PUBLIC MEDIA		
	SERVICES.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	)
			-
4c	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue \$	)
			-
4.4	Other program convises (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	٢	
40	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses ►     12,575,759.	)	
70		Eo	orm <b>990</b> (2021)
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 Form 990 (2021)
 TWIN CITIES PUBLIC MEDIA COMMONS

 Part IV
 Checklist of Required Schedules

47-2050252 Page 3 V. A

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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? If "Yes," complete			
U	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	<u> </u>		
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	<u>12a</u>		
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	110		
~	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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X 990	 (2021)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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, III, or IV, and			
	Part V. line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R. Part V. line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		47-205025	Z	P	age
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100	110
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
3a				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	?	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 Ad	ccounts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organ	ization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or g	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		Х
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 wa	as requi	red			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	· · · · · · · · · · · · · · · · · · ·	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
0	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				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b						
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
u	<b>Note:</b> See the instructions for additional mormation the organization must report on conclude C.					
		13b				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b 13c				
b c	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c		14a		X
b c 4a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c		14a 14b		х
b c 4a b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	<b>13c</b>				X
b c 4a b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b> le O	r			x
b c 4a b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	<b>13c</b> le O	r	14b		
b c 4a b 5	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	l3c le O . ration o	r	14b		
b c 4a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	l3c le O . ration o	r	14b 15		x
b c 4a b 5	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	<b>13c</b> le O . ration o	r	14b 15		x
b c4a b 5 6	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	13c le O ration o t income	r 9?	14b 15		x

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	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	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		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	2		^
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
4 5	Did the organization make any significant changes to its governing documents since the phor Porm 990 was med?			X
6		6	x	
о 7а	•	0		
1a	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	х	
b		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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
-	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	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)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Form 990 (2021)	TWIN CITIES PUBLIC MEDIA COMMONS	47-2050252	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors							
Check if Sc	hedule 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 ta	ax year.					
<ul> <li>List all of the orga</li> </ul>	nization's current officers, directors, trustees (whether individuals or organ	nizations), regardless of amount of compensati	on.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any	offi				s both r/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SYLVIA STROBEL	line) 1.00	Inc	<u>u</u>	8	Ke	E E	For			
PRESIDENT AND CEO	40.00	x		x				0.	542,178.	36,018.
(2) JENNIFER SCHMIDT	1.00								542,170.	
TREASURER AND CFO	40.00	x		x				0.	202,243.	29,389.
(3) ROBERT SIT	1.00									, <u> </u>
CHAIR	1.00	х		x				٥.	0.	0.
(4) MARY LYNN CARVER	1.00									
VICE CHAIR	1.00	х		х				٥.	0.	0.
						-				
		-								
		ŀ								
		ŀ								
		-								
132007 12-09-21										Form <b>990</b> (2021)

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Form **990** (2021)

#### 13080614 144198 112906

	990 (2021) TWIN CITIES F	UBLIC MEDI	A C	OMM	ONS					47-20	50252	2	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average		not c	Pos heck	more	than o		<b>(D)</b> Reportable	<b>(E)</b> Reportable			(F) timate	
		hours per week (list any hours for related organizations below line)					Highest compensated Analysis of the semployee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organization: (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	nount other pensa om th anizat d relat anizati	ition e ion ed
	Subtotal								0.	744,4			65,	407.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	744,4	0. 421.		65,	0. 407.
2	Total number of individuals (including but no compensation from the organization						) wh	o re	eceived more than \$100,	000 of reportable	;			0
	· · · · ·												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>											3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors		.0 1	0/ 00		2010						-		
1	Complete this table for your five highest cor the organization. Report compensation for t	-									ensat	ion fro	m	
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	(C ompe		n
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(	0							

Form **990** (2021)

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			2021) TWIN CITIES PUBL	IC M	EDIA COMMONS	1		47-205025	2 Page <b>9</b>
Pa	rt V		Statement of Revenue						
			Check if Schedule O contains a respor	nse or	note to any line			(	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς Ω	1	а	Federated campaigns 1a						
ran <sup>-</sup>	I		Membership dues 1b						
, G U		с	Fundraising events 1c						
ar /		d	Related organizations						
is, C		е	Government grants (contributions) 1e						
Contributions, Gifts, Grants and Other Similar Amounts	1	f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above 1f		9,025,000.				
ontr of	1		Noncash contributions included in lines 1a-1f			0.005.000			
<u>ų p</u>		h	Total. Add lines 1a-1f		<b>&gt;</b>	9,025,000.			
	_			_	Business Code	C2 E00	C0 500		
ice	2		RENT		531120	62,500.	62,500.		
erv ue	I	b							
m S ven		c d							
Program Service Revenue		u e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f			62,500.			
	3	<u> </u>	Investment income (including dividends, in			-			
			other similar amounts)						
	4		Income from investment of tax-exempt bor						
	5		Royalties		►				
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
	I	b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory <b>7a</b>						
ø	I	D	Less: cost or other basis						
evenue		~	and sales expenses 7b Gain or (loss) 7c						
			Net gain or (loss)						
Other R			Gross income from fundraising events (not						
Ę	0	u	including \$ of						
•			contributions reported on line 1c). See						
				8a					
	I	b	Less: direct expenses	8b					
		с	Net income or (loss) from fundraising event	t <u>s</u>	►				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
				9b					
			Net income or (loss) from gaming activities	· · · · ·	🕨				
	10	а	Gross sales of inventory, less returns						
				10a					
			•	10b					
-+		C	Net income or (loss) from sales of inventory		Business Code				
sn	11 :	2			Dusiness Oud				
neo		a b							
sellaneo evenue		с С							
Miscellaneous <u>Revenue</u>			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			9,087,500.	62,500.	0.	0.
132009	9 12-0	09-:							Form <b>990</b> (2021

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TWIN CITIES PUBLIC MEDIA COMMONS

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b, i	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,439,696.	12,439,696.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			T	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	-	39,134.	39,134.		
1	Payments to affiliates				
		124,643.	86,876.	21,451.	16,3
23	Depreciation, depletion, and amortization	121,013.		21,101.	10,5
3 4	Insurance Other expenses. Itemize expenses not covered				
4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	14,423.	10,053.	2,482.	1,8
b		·			
c					
d					
	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	12,617,896.	12,575,759.	23,933.	18,2
:5 26	Joint costs. Complete this line only if the organization	,, , , , , , , , , , , , , , , ,	, , ,		
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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

11 2021.05080 TWIN CITIES PUBLIC MEDIA 112906\_1

Form 990 (2021)

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Loans and other receivables from any current or former officer, director, 5 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 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other Ο. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 12,332,679. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 14,398. Other assets. See Part IV, line 11 15 15 12,555,396. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 9,025,000. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 9,025,000. 26 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. 3,530,396. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 3,530,396. 32 32 12,555,396. 33 Total liabilities and net assets/fund balances 33

TWIN CITIES PUBLIC MEDIA COMMONS Part X Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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

**(B)** End of year

Ο.

0.

Ο.

Ο.

Ο.

0.

Ο.

Ο.

Ο.

Form 990 (2021)

(A) Beginning of year

208,319.

1

2

3

4

Form 990 (2021)

1

2

3

4

Assets

Liabilities

Form	1990 (2021) TWIN CITIES PUBLIC MEDIA COMMONS	47-205025	2	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,	087,	500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	617,	896.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	530,	396.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	530,	396.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10			٥.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
				yun)	(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2021

**Open to Public** 

	Ins	pection	1
_			

Nam	e of t	he organization	TETER DUDITO NE	DIA COMONG					identification number		
Pa	rt I		ITIES PUBLIC ME			-:			47-2050252		
		Reason for Public (					see instruction	IS.			
The	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu				on 170(b)( <sup>-</sup>	1)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(i	ii).				
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college							or			
		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment		
		income and unrelated busir	ness taxable income	ess taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.							
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (	Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
а	X	] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting		
		organization. You must c	omplete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,		
		its supported organization	n(s) (see instructions	. You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported c	organizations						1		
g	Prov	vide the following information									
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
TWI	I CIJ	IES PUBLIC									
TELI	EVISI	ION INC.	41-0769851	7	x			241,711.	12,197,985.		
_											
Tota	1							241,711.	12,197,985.		

Schedule A	(Form	990	2021
		000	

Part II

Page 2 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2018	(0) 2019	(u) 2020	(e) 2021	
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)	•		12	
13	First 5 years. If the Form 990 is for the	ne organization's f				501(c)(3)	
	organization, check this box and stop				-		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020	,	,			15	%
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2020.</b> If the o				d line 15 is 33 1/3%	6 or more, check th	nis box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
-	meets the facts-and-circumstances te	0	•		•		<b>&gt;</b>
k	0 10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the		-		• •		
10	organization meets the facts-and-circle		•		• • • •		
10	Private foundation. If the organization	T UIU HOL CHECK a		a, 100, 17a, 0f 17	D, CHECK THIS DOX 2		s ► (Form 990) 2021

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

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

Section A. Public Support		-				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 202	1 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
9 Amounts from line 6						
<b>10a</b> 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						
· · · · · · · · · · · · · · · · · · ·						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
						<b>)</b>
Section C. Computation of Publ	ic Support Per	rcentage				
<b>15</b> Public support percentage for 2021 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	021 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		▶∟
132023 01-04-22		16	5		Sche	dule A (Form 990) 2021

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No

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Х

x

Yes

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1

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3a

3b

3c

4a

4b

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

17

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4c Х 5a 5b <u>5c</u> Х 6 Х 7 Х 8 Х 9a Х 9b Х 9c 10a x 10b Schedule A (Form 990) 2021 112906 1

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#### TWIN CITIES PUBLIC MEDIA COMMONS

Yes No

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1

2

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

#### ection B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	$\alpha$	

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,

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

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

#### organ ation(s) Section D. All Type III Supporting Organizations

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

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

1	Check the box next to the method that the	e organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
-				

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

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

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2a

2b

3a

Yes No

Part IV Supporting Organizations (contin

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Schedule A	(Form 990) 2021	TWIN	CITIES	PUBLIC	MEDIA	COMMONS
Part V	Type III Non-Fun	ctionally	Integra	ted 509	(a)(3) \$	Supporti
1	Check here if the organ	nization sati	sfied the I	ntegral Pa	art Test a	as a qualify
	All other Type III non-fu	inctionally ir	ntegrated	supportin	g organi	zations mu
Section A	- Adjusted Net Income					
1 Not a	hort torm conital gain					

3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions.					
All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.			
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
Net short-term capital gain	1				
Recoveries of prior-year distributions	2				
Other gross income (see instructions)	3				
Add lines 1 through 3.	4				
Depreciation and depletion	5				
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				
Other expenses (see instructions)	7				
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
Average monthly value of securities	1a				
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):					
Acquisition indebtedness applicable to non-exempt-use assets	2				
Subtract line 2 from line 1d.	3				
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see instructions).	4				
Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
Multiply line 5 by 0.035.	6				
Recoveries of prior-year distributions	7				
Minimum Asset Amount (add line 7 to line 6)	8				
ion C - Distributable Amount			Current Year		
Adjusted net income for prior year (from Section A, line 8, column A)	1				
Enter 0.85 of line 1.	2				
Minimum asset amount for prior year (from Section B, line 8, column A)	3				
	All other Type III non-functionally integrated supporting organizations mussion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of other non-exempt-use assets Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1.	All other Type III non-functionally integrated supporting organizations must complete         ion A - Adjusted Net Income         Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ion B - Minimum Asset Amount       7         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         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 ( <i>explain in detail in Part VI</i> ):       3         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use.	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.       (A) Prior Year         ion A - Adjusted Net Income       (A) Prior Year         Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7       4         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ion B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly use of securities       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       2         (axplain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets<		

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

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

4 5

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Schedule A (Form 990) 2021

132026 01-04-22

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	S	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1					
	(provide details in Part VI). See instructions.	-		8				
9	Distributable amount for 2021 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	Underdistributior Pre-2021	าร	Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>	Excess from 2017							
b	Excess from 2018							
C	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	TWIN CITIE	S PUBLIC MEDIA	COMMONS	47-2050252	Page <b>8</b>
Part VI	Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4	4c, 5a, 6, 9a, 9b, 9c	, 11a, 11b, and 11c; Part IV, Se	t II, line 17a or 17b; Part III, line 12 ction B, lines 1 and 2; Part IV, Sec V, line 1; Part V, Section B, line 1e;	tion C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	Section E, lines 2, 5	and 6. Also complete this part	for any additional information.	- urt v,
132028 01-04-2	2				Schedule A (For	m 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

# Schedule of Contributors

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

2021

Employer identification number

TWI	N CITIES PUBLIC MEDIA COMMONS	47-2050252
Organization type (check or		
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### General Rule

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

#### Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions  $e_{XClusively}$  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  $e_{XClusively}$  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  $\dots$   $\blacktriangleright$  \$\_\_\_\_\_\_

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

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

Schedule B (Form 990) (2021)

#### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

TWIN CITIES PUBLIC MEDIA COMMONS

47-2050252

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- _ \$9,025,000. -	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
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Schedule B (Form 990) (2021)

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## Schedule B (Form 990) (2021)

TWIN CITIES PUBLIC MEDIA COMMONS

Name of organization

47-2050252

lame of or	ganization		Employer identification numbe					
WIN CIT	IES PUBLIC MEDIA COMMONS		47-2050252					
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	try. For organizations less for the year. (Enter this info. once.) \$					
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
F								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	t					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
F		e) Transfer of gift						
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
23454 11-11-	21		Schedule B (Form 990) (20)					

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	HEDULE D		al Financial Statement				OMB No. 15	45-0047
•	m 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 99 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attack to Form 200				ZU Open to	
	tment of the Treasury al Revenue Service		Attach to Form 990. 90 for instructions and the latest infor	mation.			Inspecti	
Nam	ne of the organizati				Emp	loyer ide	entificatio	n number
		TWIN CITIES PUBLIC MEDIA CO					2050252	
Pa	_	ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		s or Ac	coun	ts. Cor	nplete if th	ie
	-		(a) Donor advised funds	(	b) Fund	ds and ot	her accou	nts
1	Total number at e	nd of year						
2		f contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor adv	ised func	ls			
	are the organization	on's property, subject to the organization's	exclusive legal control?				Yes	No No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used o	nly			
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferri	ing			
	impermissible priv						Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV,	line 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
	Preservation	n of land for public use (for example, recrea	tion or education)	of a histo	orically i	mportan	t land area	l
	Protection c	of natural habitat	Preservation	of a certi	fied his	toric stru	cture	
		n of open space						
2		through 2d if the organization held a qualif	ied conservation contribution in the form	n of a cor				
	day of the tax yea					Held at th	ie End of th	e Tax Year
		a se a se se de la se a se a se a se de la se de						

а	Total number of conservation easements	2a					
b	Total acreage restricted by conservation easements	2b					
с	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
	listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	zation during the tax					
	year 🕨						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year					
	▶						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	sements during the year					
	►\$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)					
	and section 170(h)(4)(B)(ii)?	Yes No					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the					
	organization's accounting for conservation easements.	· · · ·					
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar 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 bala	ance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce 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	e sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,					
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1	► \$					
	(ii) Assets included in Form 990, Part X	▶ \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide					
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021					
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Sche		S PUBLIC MEDIA COMM					47-205		Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art, H	istorical Tre	easures, oi	r Other S	Similar	<sup>r</sup> Assets	s (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records, ch	eck any of the	following that	: make sign	ificant ι	ise of its			
	collection items (check all that apply):									
а	a 🗌 Public exhibition d 🗌 Loan or exchange program									
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain hov	v they further th	ne organizatio	on's exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of art	, historical trea	sures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of the or	ganization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complete if	the organizatio	n answered "	'Yes" on Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermediary f	or contribution	s or other ass	sets not inc	luded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the followir	ng table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					<b>1</b> e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21, f	or escrow or cu	ustodial accor	unt liability?	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete i									<u> </u>
		(a) Current year (I	b) Prior year	(c) Two year	rs back (d)	) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance (line	e 1g, column (a	)) held as:						
а	Board designated or quasi-endowment									
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organization	that are held a	nd administer	ed for the c	organiza	ation	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<b> </b>
	(ii) Related organizations						3a(ii)		<b> </b>	
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	nt funds.							
Par	t VI Land, Buildings, and Equipm		+ 1) / 1:== 11= 0	Хаа Бална 000	Davit V. Ka	- 10				
	Complete if the organization answere	,	́	I	, ,		.	( ) =		
	Description of property	(a) Cost or other basis (investment)	• •	t or other	(c) Acci		ed	<b>(d)</b> Boo	k valu	е
4 -	Land	,	Dasis	(other)	depre	ciation				
-	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other		,							0.
Iotal	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X, cc</u>	olumn (B), line 1	UC.)			P		- 000	
							Schedule	u (Forn	n 990)	/ 2021

Dout VII	Investments	Other Securit	iaa		
Schedule D	) (Form 990) 2021	TWIN CITIE	S PUBLIC	MEDIA	COMMONS

Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Dart IV line	11a Cas Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of your market yelue
	(b) BOOK Value		-Oryear market value
(1)			
(2)		+	
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	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)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>	<b>&gt;</b>	

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 TWIN CITIES PUBLIC MEDIA COMMONS		47-2050252	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Si	atements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		
Par	t XII Reconciliation of Expenses per Audited Financial S	Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		
Pai	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PARI	X, LINE 2:			
THE	INTERNAL REVENUE SERVICE HAS DETERMINED THAT TPT AND TO	PMC ARE EXEMPT		
FDOM				
FROM	I FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTE	KNAL REVENUE		
CODE	. TPT AND TCPMC ARE ALSO EXEMPT FROM STATE INCOME TAXES	ייסיי אריי		
	. IFI AND ICFMC ARE ALSO EXEMPT FROM STATE INCOME TAXES	. IFI DOES NOT		
PAY	INCOME TAXES ON BUSINESS INCOME WHICH IS GENERATED BY E	USTNESS		
ACTI	VITIES NOT SUBSTANTIALLY RELATED TO THE EXEMPT PURPOSE	OF TPT AND		
REGU	LARLY CARRIED ON BY TPT. TPT AND TCPMC FOLLOW ACCOUNTIN	G STANDARDS FOR		
CONT	INGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS G	UIDANCE		
	· · · · · · · · · · · · · · · · · · ·			
PRES	CRIBES RECOGNITION THRESHOLD PRINCIPALS FOR THE FINANCI	AL STATEMENT		
RECO	GNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN	IN A TAX RETURN		
THAT	ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN	RECOGNIZED BY		
TPT	AND TCPMC FOR UNCERTAIN TAX POSITIONS AS OF AUGUST 31,	2022 AND 2021.	<b>A</b> • • • <b>-</b> <i>-</i>	
132054	<sup>↓</sup> 10-28-21 <b>29</b>		Schedule D (Form	990) 2021
	<u> </u>			

Part XIII	Supplemental Information	on (continued)		
				Schedule D (Form 990) 2021

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization TWIN CITIES PU Part I General Information on Grants and	GO Comple JBLIC MEDIA CO		nd Individual	<b>s in the Ŭni</b> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047  2021  Open to Public Inspection  Employer identification number 47-2050252
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>2 Describe in Part IV the organization's pro</li> <li>Part II Grants and Other Assistance to I recipient that received more than \$</li> </ol>	tance? <u>cedures for monito</u> <b>Domestic Organiz</b> 5,000. Part II can	oring the use of grant cations and Domestic be duplicated if additi	funds in the United c Governments. C onal space is need	States. Somplete if the org		Yes" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TWIN CITIES PUBLIC TELEVISION INC. 172 E 4TH STREET SAINT PAUL, MN 55101-1400	41-0769851		241,711.	12,197,985.		PROPERTY, PLANT & EQUIPMENT	TRANSFER UPON DISSOLUTION
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>							<u>1.</u>

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

Schedule I (Form 990) 2021

TWIN CITIES PUBLIC MEDIA COMMONS

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compens	ation Information	1	OMB No. 1	1545-004	47
	rm 990)	-	rs, Trustees, Key Employees, and Highest				
•		Comp	ensated Employees		20	<b>Z</b>	l
Dopo	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to	Publ	ic
	ternal Revenue Service <b>Form990 for instructions and the latest information.</b>						
Nam	e of the organizatio	1		Employer ic	dentificatio	on nui	nber
		TWIN CITIES PUBLIC MEDIA CO	OMMONS	47-20	050252		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant	vant information regarding these items.				
	First-class or c		Housing allowance or residence for person				
	Travel for com	•	Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fees				
	Discretionary	spending account	Personal services (such as maid, chauffeu	ir, chef)			
-							
b	,	, 6	follow a written policy regarding payment or				
•		rovision of all of the expenses described abo			1b		
2	•		or allowing expenses incurred by all directors,		•		
	trustees, and office	rs, including the CEO/Executive Director, reg	parding the items checked on line 1a?		2		
3	Indianta which if a	w, of the following the organization used to	establish the compensation of the organization's				
3			boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but expl	, ,	1110			
	Compensation	· · ·	Written employment contract				
	·		Compensation survey or study				
		ompensation consultant ther organizations	Approval by the board or compensation c	ommittoo			
				ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Sea	ction A, line 1a, with respect to the filing				
	organization or a re	•••	, , , , , , , , , , , , , , , , , , , ,				
а	Receive a severand	e payment or change-of-control payment?			4a	х	
b	Participate in or rec	eive payment from a supplemental nonquali			41		x
с	Participate in or rec	eive payment from an equity-based compen			4c		X
	If "Yes" to any of lir	ies 4a.c, list the persons and provide the app	blicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				. 5a		X
							x
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	5					
							X
							X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					7		X
8	•		ued pursuant to a contract that was subject to th	e			
		ption described in Regulations section 53.49			8		X
9		d the organization also follow the rebuttable	presumption procedure described in				
	Regulations section				9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	or Form 990.	Schedu	ule J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

47 - 2050252

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SYLVIA STROBEL	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	384,588.	157,590.	0.	9,275.	26,743.	578,196.	0.
(2) JENNIFER SCHMIDT	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER AND CFO	(ii)	196,031.	0.	6,212.	7,344.	22,045.	231,632.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

TWIN CITIES PUBLIC MEDIA COMMONS

Part III Supplemental Information

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

PART I, LINE 3:

TWIN CITIES PUBLIC TELEVISION USES AN INDEPENDENT COMPENSATION CONSULTANT.

COMPENSATION STUDY AND APPROVAL BY THE BOARD TO ESTABLISH THE TOP

MANAGEMENT OFFICIAL'S COMPENSATION.

Page 3

SCHEE		Liquida	tion Termi	nation Disso	lution, or Signi	ificant Disn	osition of Assa	ate	OMB No.	. 1545-0	J47
(Form 99		► Con	nplete if the organiz	ation answered "Yes" o	on Form 990, Part IV, line ution, resolutions, or pla	s 31 or 32, or Form			20	<b>)2</b> <sup>-</sup>	1
	of the Treasury enue Service	► Atta	ch to Form 990 or F	-					Open t Insp	to Pub ectior	
Name of	the organizatio		PUBLIC MEDIA C	OMMONS				Employer id	entificatio	n num	ber
Part I	Liquidation, space is nee	•	ution. Complete this	s part if the organization	answered "Yes" on Form §	990, Part IV, line 31, o	or Form 990-EZ, line 36. Pa	art I can be du	olicated if a	additio	nal
1	distributed of	on of asset(s) or transaction ses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	recip tax-exen	Section ient(s) (if npt) or ty entity	
							TWIN CITIES PUBLIC	TELEVISION			
							172 E 4TH STREET				
CASH			08/29/22	241,711.	BOOK	41-0769851	SAINT PAUL, MN 5510	1 - 1400	501(C)(3	3)	
							TWIN CITIES PUBLIC	TELEVISION			
							172 E 4TH STREET				
PROPERI	Y, PLANT &	EQUIPMENT	08/29/22	12,197,985.	воок	41-0769851	SAINT PAUL, MN 5510	1-1400	501(C)(3	3)	
			1	1	1	1	1		1	Yes	No
<b>2</b> Dic	l or will anv offi	cer, director, trustee, or	kev employee of the	organization:						103	
	-			•					2a		x
b Be	come an emplo	yee of, or independent of	contractor for, a suc	cessor or transferee orga	nization?						х
		or indirect owner of a suc							0.		х
d Re	ceive, or becon	ne entitled to, compensa	ation or other similar		the organization's liquidati		ssolution?				X

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Sche	dule N (Form 990) 2021 TWIN CITIES PUBLIC MEDIA COMMONS 47-2050252		P	Page 2
Par	Liquidation, Termination, or Dissolution (continued)		-	
	Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	Х	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	Х	
b	If "Yes," did the organization provide such notice?	4b	Х	
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	X	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		Х
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?	6b		
с	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.			
Par	t II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Par	t IV, line	e 32, c	vr
	Form 990-F7 line 36. Part II can be duplicated if additional space is needed			

	Form 990-EZ, line 36. Part II can be di						
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
с	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		
е	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.			

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	)-EZ	OMB No. 1545-0047
Name of the organizatio			identification number
FORM 990, PART I.	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	47-20	JJUZJZ
· · · ·	· · · · ·		
CHARITABLE AND EDU	ICATIONAL PURPOSES FOR THE BENEFIT OF, TO SUPPORT THE		
FUNCTIONS OF, AND	TO ASSIST IN CARRYING OUT THE PURPOSES OF TWIN CITIES		
PUBLIC TELEVISION,	INC. (TPT), A MINNESOTA NONPROFIT CORPORATION.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CORPORATION.			
FORM 990, PART III	, LINE 3, CHANGES IN PROGRAM SERVICES:		
WITH THE TERMINATI	ON OF THE NEW MARKET TAX CREDITS, TWIN CITIES PUBLIC		
MEDIA COMMONS WAS	DISSOLVED INTO TWIN CITIES PUBLIC TELEVISION INC. ON		
AUGUST 29, 2022.			
FORM 990, PART VI,	SECTION A, LINE 6:		
THE MEMBER OF THIS	CORPORATION IS TWIN CITIES PUBLIC TELEVISION, INC.		
FORM 990, PART VI,	SECTION A, LINE 7A:		
THE MEMBER HAS THE	RIGHT TO ASSIGN BOARD MEMBERS AND PROPOSE AMENDMENTS TO		
THE ARTICLES OF IN	CORPORATION OR BYLAWS AS WELL AS ANY OTHER RIGHTS		
PURSUANT TO CHAPTE	R 317A OF THE MINNESOTA STATUES.		
FORM 990, PART VI,	SECTION A, LINE 7B:		
ANY CHANGES IN GOV	ERNANCE WILL BE APPROVED BY THE MEMBER IN WRITING IN		
ORDER TO TAKE EFFE	ст.		
FORM 990 PART VI	SECTION A, LINE 8B:		

LHA  $\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization TWIN CITIES PUBLIC MEDIA COMMONS	Employer identification number 47-2050252
TCPMC BYLAWS AUTHORIZE COMMITTEES TO ACT ON BEHALF OF THE GOVERNING BODY.	
THERE	
WAS NOT ANY COMMITTEE ACTIVITY, SO NO DOCUMENTATION TO BE RECORDED AT THIS	
TIME.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE REVIEW OF THE CONTENT OF FORM 990 IS CONDUCTED BY THE AUDIT & RISK	
COMMITTEE, PRIOR TO THE FILING OF FORM 990. COPIES OF FORM 990 ARE PROVIDED	
TO ALL BOARD MEMBERS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE OFFICERS AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO READ THE CONFLICT	
OF INTEREST POLICY AND FILL OUT A QUESTIONNAIRE WHICH DISCLOSES ANY	
POTENTIAL CONFLICTS OF INTEREST. THE QUESTIONNAIRES ARE REVIEWED BY GENERAL	
COUNSEL TO DETERMINE FOLLOW-UP, IF NEEDED. ANY CONFLICTS OF INTEREST RESULT	
IN THE PERSON WITH THE CONFLICT BEING PROHIBITED FROM PARTICIPATING IN THE	
GOVERNING BODY'S DELIBERATIONS AND DECISIONS AFFECTED BY THE CONFLICT. ANY	
CONFLICTS OF INTEREST WOULD BE DOCUMENTED ON THE CONFLICT OF INTEREST	
STATEMENTS AS WELL AS WITHIN ANY ADDITIONAL	
TCPMC INTERNAL DOCUMENTATION.	

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE

AVAILABLE ON THE TPT WEBSITE AND UPON REQUEST.

132212 11-11-21

#### (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) 501(c)(3)) Yes TWIN CITIES PUBLIC TELEVISION INC. -41-0769851 172 EAST 4TH STREET SAINT PAUL TPT PRODUCES ORIGINAL MN 55101 TELEVISION PRODUCTIONS MINNESOTA 501(C)(3) LINE 7 N/A

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

Schedule R (Form 990) 2021

entity?

No

Х

132161 11-17-21 LHA

#### Re erships

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

Attach to Form 990.

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

#### Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

TWIN CITIES PUBLIC MEDIA COMMONS

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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

OMB No. 1545-0047

Open to Public

ion

latest information.	Inspection
	Employer identification number
	45 0050050

47-2050252

lated	Organizations	and	Unrelated	Partne

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
											+
	4										
	-										
	4										

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ection 2(b)(13) ntrolled entity?	
		country)				400010		Yes	No	
	]									

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
(4)			
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2021 TWIN CITIES PUBLIC MEDIA COMMONS

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

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

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

Schedule R (Form 990) 2021

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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