

EXTENDED TO JULY 17, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2021 calendar year, or tax year beginning SEP 1, 2021 and ending AUG 31, 2022

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization TWIN CITIES PUBLIC TELEVISION INC.		D Employer identification number 41-0769851	
	Doing business as		E Telephone number 651-222-1717	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 62,364,783.	
	172 E 4TH STREET		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, MN 55101-1400		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: SYLVIA STROBEL SAME AS C ABOVE		If "No," attach a list. See instructions		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.TPT.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1955	M State of legal domicile: MN

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF TWIN CITIES PUBLIC TELEVISION, INC. (TPT) IS TO ENRICH LIVES AND STRENGTHEN OUR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	296
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	299,584.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	45,287,016.	54,003,408.
	9 Program service revenue (Part VIII, line 2g)	1,359,580.	1,491,472.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	839,417.	2,672,052.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,071,008.	3,832,812.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,557,021.	61,999,744.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,682,109.	21,562,240.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	421,717.	771,088.
	b Total fundraising expenses (Part IX, column (D), line 25)	6,768,106.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,979,004.	18,632,143.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,082,830.	40,965,471.
19 Revenue less expenses. Subtract line 18 from line 12	6,474,191.	21,034,273.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 76,872,241.	End of Year 77,343,975.
	21 Total liabilities (Part X, line 26)	6,902,987.	5,311,511.
	22 Net assets or fund balances. Subtract line 21 from line 20	69,969,254.	72,032,464.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Stacie Reiner</i>	Date 6/20/23
	STACIE REINER, CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KAREN A. GRIES	Preparer's signature KAREN A. GRIES	Date 06/14/23	Check if self-employed <input type="checkbox"/>	PTIN P00078514
	Firm's name BAKER TILLY US, LLP	Firm's address 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402	Firm's EIN 39-0859910	Phone no. 612.876.4500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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 TELEVISION, INC. (TPT) IS TO ENRICH LIVES AND STRENGTHEN OUR COMMUNITY THROUGH THE POWER OF MEDIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 27,699,808. including grants of \$) (Revenue \$ 2,332,574.) PROGRAMMING & PRODUCTION: TPT PRODUCES AND ACQUIRES TELEVISION PROGRAMMING FOR LOCAL AND NATIONAL AUDIENCES. IN 2022, WE BROADCAST MORE THAN 43,500 HOURS OF PROGRAMMING TO LOCAL AUDIENCES THROUGH OUR FIVE OVER-THE-AIR BROADCAST TELEVISION CHANNELS, AND NEARLY 18,000 HOURS OF PROGRAMMING TO AUDIENCES ACROSS MINNESOTA VIA OUR STATEWIDE MINNESOTA CHANNEL TELEVISION SERVICE. WE PRODUCE A NUMBER OF ORIGINAL PROGRAMS, INCLUDING THE LONGEST RUNNING LOCAL TELEVISION SHOW IN THE TWIN CITIES (ALMANAC), A LOCAL PERFORMANCE SERIES (STAGE), A 24/7/365 HEALTH AND SAFETY CHANNEL REACHING ENGLISH, SPANISH, HMONG AND SOMALI AUDIENCES, A WEEKLY SERIES ABOUT MINNESOTA HISTORY (MINNESOTA EXPERIENCE), A LOCAL CUISINE SERIES (RELISH), AND DOZENS OF PROJECTS PRODUCED WITH LOCAL PARTNERS FOCUSED ON ISSUES OF LOCAL AND REGIONAL

4b (Code:) (Expenses \$ 1,993,423. including grants of \$) (Revenue \$) BROADCASTING: TPT ORIGINATES FIVE OVER-THE AIR BROADCAST TELEVISION CHANNELS PROVIDING A MIX OF LOCALLY-PRODUCED PROGRAMS AND NATIONAL PBS-DELIVERED CONTENT IN THE 5 SERVICES. REGULARLY SCHEDULE TPT-PRODUCED PROGRAMS INCLUDE A PUBLIC AFFAIRS SERIES THAT IS THE LONGEST RUNNING LOCAL TELEVISION SHOW IN THE TWIN CITIES, ALMANAC; A WEEKLY SERIES ABOUT MINNESOTA HISTORY, MINNESOTA EXPERIENCE; A MUSIC AND ARTS PERFORMANCE SERIES, STAGE; OUR PROGRAM SERVICES ALSO INCORPORATE THE PRODUCTIONS THAT TPT CREATES FOR NATIONAL PUBLIC TELEVISION DISTRIBUTION BY PBS AND APT, INCLUDING SCIGIRLS; HERO ELEMENTARY; AMERICA OUTDOORS WITH BARATUNDE THURSTON; AND FACING SUICIDE; THE FIVE CHANNELS CONSIST OF: TPT2, OUR FLAGSHIP SERVICE FEATURING THE BEST OF PBS PROGRAMMING WITH ADDITIONAL PROGRAMS AND

4c (Code:) (Expenses \$ 253,469. including grants of \$) (Revenue \$) PROGRAM INFORMATION: TWIN CITIES PUBLIC TELEVISION OPERATES A SERIES OF WEBSITES THAT ARE VISITED BY OVER 500,000 USERS PER MONTH. TPT ALSO MAINTAINS AN EXTENSIVE ONLINE COLLECTION OF LOCAL TELEVISION PROGRAMS AND VIDEO SEGMENTS. AT LAST COUNT, APPROXIMATELY 4,100 PROGRAMS REPRESENTING ROUGHLY 5,500 HOURS OF TPT VIDEO CONTENT ARE AVAILABLE THROUGH TPT'S INTERACTIVE PORTALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 29,946,700.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [MN, WI]
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) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [STACIE REINER - 651-222-1717 172 E 4TH STREET, SAINT PAUL, MN 55101-1400]

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SYLVIA STROBEL PRESIDENT & CEO	40.00 1.00	X		X				542,178.	0.	36,018.
(2) MICHAEL ROSENFELD VICE PRESIDENT NATIONAL PRODUCTIONS	40.00					X		284,685.	0.	10,257.
(3) JENNIFER SCHMIDT TREASURER & CFO	40.00 1.00			X				202,243.	0.	29,389.
(4) AMINA JAAFAR CHIEF INCLUSION AND STRATEGY OFFICER	40.00				X			208,017.	0.	20,846.
(5) MELISSA WRIGHT CHIEF CONTENT OFFICER	40.00 1.00				X			189,380.	0.	24,427.
(6) CAROL-LYNN PARENTE EXECUTIVE PRODUCER	40.00					X		191,689.	0.	15,134.
(7) JENNY MASTERS WOLFE SR VP, HR AND ORG EFFECTIVENESS	40.00					X		191,723.	0.	6,777.
(8) ELIZABETH ALLEN CHIEF REVENUE OFFICER	40.00				X			154,166.	0.	22,493.
(9) DAVID PRESTON VP MEMBER SERVICES	40.00					X		152,157.	0.	18,090.
(10) COLLEEN WILSON VP DIGITAL PUBLISHING	40.00					X		147,212.	0.	11,295.
(11) ROBERT SIT CHAIR	1.00 1.00	X		X				0.	0.	0.
(12) MARTHA MACMILLAN VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(13) DONNA ZIMMERMAN VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(14) ROTOLU "RO" ADEBIYI TRUSTEE	1.00 1.00	X						0.	0.	0.
(15) TEDDY BEKELE TRUSTEE	1.00 1.00	X						0.	0.	0.
(16) BARBARA BURWELL TRUSTEE	1.00	X						0.	0.	0.
(17) MARY LYNN CARVER TRUSTEE	1.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WAYNE L. DUCHENEAUX II TRUSTEE	1.00 1.00	X						0.	0.	0.
(19) COURTNEY CAMP ENLOE TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) JOE FLEMING TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) PETER S. HATINEN TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) KRISTY HOWE TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) AMY L. JENSEN TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) MUMTAZ KAZIM, MD TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) DR. FAYNEESE MILLER TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) VICTOR MIRANDA, MD TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Subtotal								2,263,450.	0.	194,726.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,263,450.	0.	194,726.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **33**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OUTDOOR AMERICA PRODUCTIONS LLC 302 BUTLER ST FL 2, BROOKLYN, NY 11217-2702	PRODUCTION OVERSIGHT	867,786.
DONOR DEVELOPMENT STRATEGIES LLC 141 UNION BLVDM STE 300, LAKEWOOD, CO 80228	FUNDRAISING	766,535.
TWO BULLS LLC, 55 WASHINGTON ST, STE 260, BROOKLYN, NY 11201-1073	GAME DEVELOPMENT	764,000.
ROCKMAN ET AL, 201 MISSION ST, NO. 1320, SAN FRANCISCO, CA 94105	RESEARCH	543,383.
WESTED, 4665 LAMPSON AVE, LOS ALAMITOS, CA 90720-5187	RESEARCH	324,069.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL P. MONAHAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(28) MARGARET MURPHY TRUSTEE	1.00 1.00	X						0.	0.	0.
(29) SOMIA MOURAD TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) JESSE OVERTON TRUSTEE	1.00 1.00	X						0.	0.	0.
(31) ROBERT P. RINEK TRUSTEE	1.00 1.00	X						0.	0.	0.
(32) DARRELL THOMPSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(33) SANDRA VARGAS TRUSTEE	1.00 1.00	X						0.	0.	0.
(34) R. KIRK WEIDNER TRUSTEE	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	19,090,215.				
	c Fundraising events	1c					
	d Related organizations	1d	12,439,696.				
	e Government grants (contributions)	1e	13,304,601.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,168,896.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 12,710,776.				
	h Total. Add lines 1a-1f		54,003,408.				
	Program Service Revenue	2 a PRODUCTION AND DISTRIB	Business Code				
		515100	1,491,472.	1,491,472.			
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f		1,491,472.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,679,675.			2,679,675.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		841,102.	841,102.			
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	357,416.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	365,039.				
	c Gain or (loss)	7c	-7,623.				
	d Net gain or (loss)		-7,623.			-7,623.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a GAIN DEBT FORGIVENESS	Business Code	900000	2,632,200.		2,632,200.	
	b ADVERTISING		540000	299,584.	299,584.		
	c OTHER REVENUE		900000	59,926.		59,926.	
	d All other revenue						
	e Total. Add lines 11a-11d		2,991,710.				
12 Total revenue. See instructions		61,999,744.	2,332,574.	299,584.	5,364,178.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,050,263.	424,559.	460,617.	165,087.
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	16,204,131.	11,728,836.	1,913,364.	2,561,931.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	537,209.	388,841.	63,433.	84,935.
9 Other employee benefits	2,752,109.	1,785,203.	557,543.	409,363.
10 Payroll taxes	1,018,528.	725,370.	131,635.	161,523.
11 Fees for services (nonemployees):				
a Management				
b Legal	230,645.	72,002.	150,290.	8,353.
c Accounting	77,110.		77,110.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	771,088.			771,088.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,777,539.	5,924,426.	215,759.	637,354.
12 Advertising and promotion	917,275.	463,766.	52,150.	401,359.
13 Office expenses	602,881.	132,651.	8,202.	462,028.
14 Information technology	79,327.	66,639.	3,906.	8,782.
15 Royalties				
16 Occupancy	1,072,274.	819,334.	124,818.	128,122.
17 Travel	243,301.	177,335.	13,137.	52,829.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	63,610.	38,970.	13,007.	11,633.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,260,799.	997,415.	113,785.	149,599.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACQUISITIONS	4,542,588.	4,536,788.		5,800.
b RENTAL & MAINTENANCE	1,412,869.	1,109,975.	227,096.	75,798.
c OTHER PROGRAM COSTS	545,122.	434,939.	26,157.	84,026.
d PREMIUMS	304,404.	29,208.		275,196.
e All other expenses	502,399.	90,443.	98,656.	313,300.
25 Total functional expenses. Add lines 1 through 24e	40,965,471.	29,946,700.	4,250,665.	6,768,106.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,168,418.	1	7,453,385.
	2 Savings and temporary cash investments	984,765.	2	988,467.
	3 Pledges and grants receivable, net	4,915,503.	3	2,966,392.
	4 Accounts receivable, net	766,835.	4	997,944.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,392,800.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	651,324.	9	828,952.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,593,788.		
	b Less: accumulated depreciation	10b 24,043,188.		
	11 Investments - publicly traded securities	6,124,741.	10c	17,550,600.
	12 Investments - other securities. See Part IV, line 11	41,874,348.	11	31,830,440.
	13 Investments - program-related. See Part IV, line 11	8,981,093.	12	11,443,104.
	14 Intangible assets	12,414.	13	12,414.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	76,872,241.	15	3,272,277.	
		16	77,343,975.	
Liabilities	17 Accounts payable and accrued expenses	4,265,164.	17	3,127,918.
	18 Grants payable		18	
	19 Deferred revenue	297,757.	19	119,177.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,000,000.	24	1,000,000.
	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	1,340,066.	25	1,064,416.
	26 Total liabilities. Add lines 17 through 25	6,902,987.	26	5,311,511.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,068,841.	27	60,349,189.
	28 Net assets with donor restrictions	14,900,413.	28	11,683,275.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	69,969,254.	32	72,032,464.
33 Total liabilities and net assets/fund balances	76,872,241.	33	77,343,975.	

Part 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	61,999,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,965,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,034,273.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,969,254.
5	Net unrealized gains (losses) on investments	5	-9,932,110.
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	-9,038,953.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,032,464.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **TWIN CITIES PUBLIC TELEVISION INC.** Employer identification number **41-0769851**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,476,162.	40,879,651.	33,324,380.	45,287,016.	41,563,712.	199,530,921.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	38,476,162.	40,879,651.	33,324,380.	45,287,016.	41,563,712.	199,530,921.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						199,530,921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	38,476,162.	40,879,651.	33,324,380.	45,287,016.	41,563,712.	199,530,921.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,052,401.	1,402,819.	1,524,751.	2,836,818.	2,679,675.	9,496,464.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		33,533.				33,533.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	136,078.	193,423.	90,063.	95,416.	59,926.	574,906.
11 Total support. Add lines 7 through 10						209,635,824.
12 Gross receipts from related activities, etc. (see instructions)					12	8,447,549.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	95.18 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.88 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>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.</i>			
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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
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)		
j	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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TWIN CITIES PUBLIC TELEVISION INC.

Employer identification number

41-0769851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization TWIN CITIES PUBLIC TELEVISION INC.	Employer identification number 41-0769851
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,884,797.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,326,189.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,285,714.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>12,439,696.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TWIN CITIES PUBLIC TELEVISION INC.	Employer identification number 41-0769851
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PROPERTY, PLANT & EQUIPMENT _____ _____ _____	\$ 12,197,985.	08/29/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">TWIN CITIES PUBLIC TELEVISION INC.</p>	Employer identification number <p style="text-align: center;">41-0769851</p>
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2021**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		34,197,365.													
e Total exempt purpose expenditures (add lines 1c and 1d)		34,197,365.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	0.	0.	0.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A, LINE 2C, COLUMN (E):

THE ORGANIZATION DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THE TAX YEAR.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: TWIN CITIES PUBLIC TELEVISION INC. Employer identification number: 41-0769851

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,183,131.	21,633,338.	18,491,490.	16,899,968.	16,517,203.
b Contributions	4,836,525.	10,418,668.	1,810,892.	2,696,670.	938,893.
c Net investment earnings, gains, and losses	-5,207,176.	3,981,125.	2,105,952.	-355,148.	1,853,612.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,110,000.	850,000.	774,996.	750,000.	2,409,740.
f Administrative expenses					
g End of year balance	33,702,480.	35,183,131.	21,633,338.	18,491,490.	16,899,968.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 71.5000 %
 - b Permanent endowment 28.5000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		370,000.		370,000.
b Buildings		25,849,899.	11,186,541.	14,663,358.
c Leasehold improvements				
d Equipment		15,197,229.	12,856,647.	2,340,582.
e Other		176,660.		176,660.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,550,600.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) US EQUITIES	2,555,466.	END-OF-YEAR MARKET VALUE
(B) GLOBAL FIXED INCOME	1,715,302.	END-OF-YEAR MARKET VALUE
(C) GLOBAL EQUITIES	1,330,439.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS/ALTERNATIVE	2,496,258.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	3,345,639.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,443,104.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	1,064,416.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,064,416.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	39,613,985.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-9,932,110.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-13,953.
e	Add lines 2a through 2d	2e	-9,946,063.
3	Subtract line 2e from line 1	3	49,560,048.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,439,696.
c	Add lines 4a and 4b	4c	12,439,696.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	61,999,744.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	41,081,172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	115,701.
e	Add lines 2a through 2d	2e	115,701.
3	Subtract line 2e from line 1	3	40,965,471.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,965,471.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE ESTABLISHED PRIMARILY FOR PROJECT SUPPORT AND GENERAL

SUPPORT OF THE ORGANIZATION. THE ENDOWMENT FUND INCLUDES BOTH

DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO

FUNCTION AS ENDOWMENTS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT TPT IS EXEMPT FROM

FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

TPT IS ALSO EXEMPT FROM STATE INCOME TAXES. TPT DOES PAY INCOME TAXES ON

BUSINESS INCOME WHICH IS GENERATED BY BUSINESS ACTIVITIES NOT

SUBSTANTIALLY RELATED TO THE EXEMPT PURPOSE OF TPT AND REGULARLY CARRIED

Part XIII Supplemental Information (continued)

ON BY TPT.

TPT FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING
 UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD
 PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN
 OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE
 REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY TPT FOR UNCERTAIN TAX
 POSITIONS AS OF AUGUST 31, 2022 AND 2021. TPT'S TAX RETURNS ARE SUBJECT TO
 REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL ADJUSTMENT	-13,953.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

DISSOLUTION OF TWIN CITIES PUBLIC MEDIA COMMONS INTO TPT	12,439,696.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

TWIN CITIES PUBLIC MEDIA COMMONS SEPARATE FORM 990	115,701.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization TWIN CITIES PUBLIC TELEVISION INC.	Employer identification number 41-0769851
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		9,072,399.
NORTH AMERICA	0	0	PROGRAM SERVICES	ROYALTY PAYMENT	3.
EUROPE	0	0	PROGRAM SERVICES	ROYALTY PAYMENT	2.
EUROPE	0	0	PROGRAM SERVICES	PRODUCTION EXPENSE	1,185.
NORTH AMERICA	0	0	PROGRAM SERVICES	PRODUCTION EXPENSE	184,365.
NORTH AMERICA	0	0	PROGRAM SERVICES	LEGAL SERVICES	21,121.
3 a Subtotal	0	0			9,279,075.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			9,279,075.

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

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

ACCRUAL

PART IV, LINE 1:

THE ENTITY HAS DIRECTLY INVESTED IN FOREIGN CORPORATIONS AND FILED THE
REQUIRED FORMS 926 FOR THE TAX YEAR.

PART IV, LINE 3:

THE ENTITY HAS DIRECTLY INVESTED IN FOREIGN CORPORATIONS. HOWEVER, THE
ENTITY DOES NOT MEET THE FILING REQUIREMENTS OF FILING FORM 5471 FOR
THE TAX YEAR.

PART IV, LINE 5:

THE ENTITY HAS DIRECTLY INVESTED IN FOREIGN PARTNERSHIPS AND FILED THE
REQUIRED FORMS 8865 FOR THE TAX YEAR.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

TWIN CITIES PUBLIC TELEVISION INC.

Employer identification number

41-0769851

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DONOR DEVELOPMENT STRATEGIES LLC - 899 LOGAN STREET, SUITE	CANVASSING FUNDRAISING	X		25,533.	695,100.	-669,567.
NEXT GEN FUNDRAISING, - 1235 WESTLAKES DRIVE, BERWYN, PA	OBTAIN SPONSORSHIPS		X	0.	3,944.	-3,944.
NICHE NEWS CO LLC, DBA HEDLUND - 2625 HOLLY LN N,	OBTAIN SPONSORSHIPS		X	0.	36,000.	-36,000.
NEWS REVENUE HUB - 6322 LAKE SHORE DR, SAN DIEGO, CA	FUNDRAISING CAMPAIGNS		X	0.	30,000.	-30,000.
Total				25,533.	765,044.	-739,511.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MN, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DONOR DEVELOPMENT STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER: 899 LOGAN STREET, SUITE 300, DENVER, CO 80203

(I) NAME OF FUNDRAISER: NEXT GEN FUNDRAISING,

(I) ADDRESS OF FUNDRAISER: 1235 WESTLAKES DRIVE, BERWYN, PA 19312

(I) NAME OF FUNDRAISER: NICHE NEWS CO LLC, DBA HEDLUND

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 2625 HOLLY LN N, PLYMOUTH, MN 55447-1726

(I) NAME OF FUNDRAISER: NEWS REVENUE HUB

(I) ADDRESS OF FUNDRAISER: 6322 LAKE SHORE DR, SAN DIEGO, CA 92119

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
TWIN CITIES PUBLIC TELEVISION INC.

Employer identification number
41-0769851

Part I Questions Regarding Compensation

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

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SYLVIA STROBEL PRESIDENT & CEO	(i)	384,588.	157,590.	0.	9,275.	26,743.	578,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROSENFELD VICE PRESIDENT NATIONAL PRODUCTIONS	(i)	276,490.	8,195.	0.	9,275.	982.	294,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER SCHMIDT TREASURER & CFO	(i)	196,031.	0.	6,212.	7,344.	22,045.	231,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMINA JAAFAR CHIEF INCLUSION AND STRATEGY OFFICER	(i)	157,389.	32,813.	17,815.	6,300.	14,546.	228,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MELISSA WRIGHT CHIEF CONTENT OFFICER	(i)	189,380.	0.	0.	6,811.	17,616.	213,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAROL-LYNN PARENTE EXECUTIVE PRODUCER	(i)	185,407.	6,282.	0.	6,722.	8,412.	206,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNY MASTERS WOLFE SR VP, HR AND ORG EFFECTIVENESS	(i)	184,345.	0.	7,378.	2,129.	4,648.	198,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELIZABETH ALLEN CHIEF REVENUE OFFICER	(i)	146,737.	7,429.	0.	4,660.	17,833.	176,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID PRESTON VP MEMBER SERVICES	(i)	141,989.	10,168.	0.	5,214.	12,876.	170,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) COLLEEN WILSON VP DIGITAL PUBLISHING	(i)	147,212.	0.	0.	5,161.	6,134.	158,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

JENNY MASTERS WOLFE - SEVERANCE - \$114,456

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **TWIN CITIES PUBLIC TELEVISION INC.** Employer identification number **41-0769851**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	158	94,809.	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	56	365,039.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	12,197,985.	BOOK
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

TWIN CITIES PUBLIC TELEVISION REPORTS THE NUMBER OF DONATED CARS USING THE NUMBER OF ITEMS DONATED. TWIN CITIES PUBLIC TELEVISION REPORTS THE NUMBER OF DONATED EQUIPMENT, ADVERTISEMENTS, AND FOOD AND BEVERAGE ITEMS USING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

TWIN CITIES PUBLIC TELEVISION (TPT) USES A THIRD PARTY TO PROCESS AND VALUE ALL NON-CASH DONATIONS OF CARS. USING INFORMATION PROVIDED BY TPT, THE THIRD PARTY ARRANGES PICK-UP OF DONATED VEHICLE, TRANSFER OF TITLE AND SALE OR DISPOSAL OF THE VEHICLE. THE THIRD PARTY ALSO PROVIDES ACKNOWLEDGEMENT OF THE DONATION TO THE DONOR. THE THIRD PARTY REMITS THE CASH PROCEEDS TO TPT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TWIN CITIES PUBLIC TELEVISION INC.

Employer identification number

41-0769851

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY THROUGH THE POWER OF MEDIA. AS ONE OF THE NATION'S LEADING
PUBLIC MEDIA ORGANIZATIONS, TPT USES TELEVISION, INTERACTIVE MEDIA AND
COMMUNITY ENGAGEMENT TO ADVANCE EDUCATION, CULTURE AND CITIZENSHIP. IN
ITS NEARLY 60-YEAR HISTORY, TPT HAS BEEN RECOGNIZED FOR ITS INNOVATION
AND CREATIVITY WITH NUMEROUS AWARDS, INCLUDING PEABODY AWARDS, AND
NATIONAL AND REGIONAL EMMYS. BASED IN SAINT PAUL, MN, TPT IS ONE OF THE
MOST HIGHLY VIEWED PUBLIC TV STATIONS IN THE NATION, REACHING MORE THAN
1.7 MILLION PEOPLE EACH MONTH THROUGH MULTIPLE BROADCAST AND DIGITAL
PLATFORMS. THE ORGANIZATION'S PARTICULAR AREAS OF FOCUS INCLUDE: THE
EDUCATIONAL READINESS OF CHILDREN; SERVING THE NEEDS AND UNLEASHING THE
POTENTIAL OF AMERICA'S AGING POPULATION; ENGAGING A NEW GENERATION IN
THE POWER OF PUBLIC MEDIA; AND BEING THE PREFERRED MEDIA PARTNER FOR
ORGANIZATIONS THAT ALIGN WITH OUR MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPORTANCE. TPT PRODUCES SEVERAL PROGRAMS FOR NATIONAL DISTRIBUTION
INCLUDING AMERICA OUTDOORS WITH BARATUNDE THURSTON, FACING SUICIDE AND
SCIGIRLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SERIES PRODUCED OR ACQUIRED BY TPT TO SERVE LOCAL AUDIENCE NEEDS.
TPTLIFE, WHICH IS A GENERAL AUDIENCE SERVICE SHOW CASING THE BEST OF
LIFESTYLE, CURRENT AFFAIRS AND DRAMA PROGRAMMING. TPTMN IS THE HOME OF
THE MINNESOTA CHANNEL, A 24-HOUR PER DAY LOCAL SERVICE INCLUDING

COVERAGE OF THE MINNESOTA STATE LEGISLATURE WHEN IT IS IN SESSION EACH

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

Schedule O (Form 990) 2021

Name of the organization TWIN CITIES PUBLIC TELEVISION INC.	Employer identification number 41-0769851
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YEAR (1050 HOURS). ADDITIONALLY, TPTMN PROVIDES 7540 BROADCAST HOURS OF PROGRAMMING ABOUT MINNESOTA INCLUDING ITS PEOPLE, HERITAGE, CULTURES AND HISTORY. THIS PROGRAM SERVICE IS DISTRIBUTED THROUGHOUT THE STATE ASSOCIATION WITH THE MINNESOTA PUBLIC TELEVISION ASSOCIATION TO AIR ON ALL PUBLIC TELEVISION STATIONS SERVING MINNESOTA VIEWERS. TPTKIDS IS A FULL-TIME SERVICE FOR MINNESOTA CHILDREN, OFFERING THE PBSKIDS NATIONAL PROGRAMMING SCHEDULE 24-HOURS EACH DAY, WITH THE STATED PURPOSE OF PREPARING OUR YOUNGEST VIEWERS TO BE READY FOR SCHOOL BY AGE SIX. TPTNOW PRESENTS REAL-TIME WEATHER, HEALTH, SAFETY, AND EMERGENCY INFORMATION IN ENGLISH, SPANISH, HMONG, AND SOMALI LANGUAGES ON BROADCAST AND STREAMING PLATFORMS. A PARTNERSHIP WITH GOVERNMENT AND OTHER PUBLIC OFFICIALS, TPT NOW'S MISSION IS TO ENSURE MORE MINNESOTANS ARE INFORMED SO THEY ARE HEALTHY, SAFETY AND READY TO RESPOND WHEN NATURAL OR INTENDED DISASTERS OCCUR.

FORM 990, PART VI, SECTION A, LINE 3:
 THE EXECUTIVE COMMITTEE CONSISTS OF: THE CHAIRPERSON OF THE BOARD, THE IMMEDIATE PAST CHAIRPERSON OF THE BOARD, THE PRESIDENT AND CEO, THE VICE CHAIRPERSON(S), AND THE CHAIR OF THE FOLLOWING COMMITTEES: FINANCE & INVESTMENT, AUDIT & RISK, DEVELOPMENT, GOVERNANCE, AND IDEA. THE EXECUTIVE COMMITTEE WILL HAVE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN THE MEETINGS OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE WILL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 4:
 BYLAWS SECTION 1.3 - TERMS & CLASSIFICATION - AMENDED TO:
 SUBJECT TO SECTION 1.2, THE TERM OF OFFICE OF EACH TRUSTEE WILL BE THREE

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(3) YEARS COMMENCING ON THE DATE OF THE ANNUAL MEETING AT WHICH SUCH TRUSTEE WAS ELECTED TO A FULL-TERM, AND EXCLUDING ANY PARTIAL TERMS SERVED IMMEDIATELY PRIOR TO ELECTION TO SUCH FULL TERM. TRUSTEES WILL STAND FOR ELECTION AFTER EACH TERM AND MAY SERVE UP TO A MAXIMUM OF THREE (3) CONSECUTIVE TERMS OF THREE (3) YEARS; PROVIDED THAT ANY TRUSTEE SERVING THE THIRD AND FINAL OF THEIR CONSECUTIVE THREE-YEAR TERMS WHILE HOLDING THE OFFICE OF BOARD CHAIR, VICE-CHAIR, SECRETARY, TREASURER OR IMMEDIATE PAST BOARD CHAIR WILL NOT TERM OFF THE BOARD UNTIL THE END OF THEIR FINAL THREE-YEAR TERM OR THE END OF THEIR ELECTED TERM AS AN OFFICER, WHICHEVER OCCURS LAST. THE BOARD WILL BE DIVIDED INTO NINE (9) CLASSES AS NEARLY EQUAL IN NUMBER AS POSSIBLE, SO THAT THE TERMS OF OFFICE OF APPROXIMATELY ONE-NINTH OF THE MEMBERS OF THE BOARD WILL EXPIRE EACH YEAR. THE GOVERNANCE COMMITTEE SHALL BE AUTHORIZED BY THE BOARD TO DETERMINE, BY MAJORITY VOTE, THE COMPOSITION OF EACH CLASS. EXCEPT FOR OFFICERS AND THE IMMEDIATE PAST BOARD CHAIR, TRUSTEES WHO HAVE SERVED THREE FULL CONSECUTIVE TERMS OF THREE YEARS ARE INELIGIBLE FOR RE-ELECTION UNTIL THE LAPSE OF ONE YEAR AFTER THE END OF THEIR RESPECTIVE TERM OF OFFICE.

BYLAWS SECTION 1.6 - OFFICERS OF THE BOARD, TERM. - AMENDED TO:
THE OFFICERS OF THE BOARD WILL CONSIST OF A BOARD CHAIR, THE IMMEDIATE PAST BOARD CHAIR, ONE OR MORE VICE CHAIR, SECRETARY AND TREASURER, AND SUCH OTHER OFFICERS AS THE BOARD MAY FROM TIME TO TIME DESIGNATE. THE OFFICERS WILL BE ELECTED BY MAJORITY VOTE AT THE ANNUAL MEETING OF THE BOARD. THE TERM OF OFFICE OF EACH OFFICER OTHER THAN THE BOARD CHAIR WILL BE ONE (1) YEAR AND MAY BE RENEWED FOR A SECOND CONSECUTIVE ONE- (1) YEAR TERM. THE TERM OF OFFICE OF THE BOARD CHAIR WILL BE TWO (2) YEARS AND MAY NOT BE RENEWED EXCEPT BY A MAJORITY VOTE OF THE BOARD. ONCE ELECTED, ALL OFFICER TERMSTO SERVE A ONE-YEAR TERM WHICH WILL BEGIN AS DESIGNATED IN THE MOTION

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BY WHICH THE OFFICERS WERE ELECTED AND WILL CONTINUE FOR THE DESIGNATED TERM AND UNTIL HIS/HER SUCCESSOR IS ELECTED AND QUALIFIED. NO OFFICER MAY HOLD MORE THAN ONE OFFICE SIMULTANEOUSLY. ALL OFFICERS MUST BE TRUSTEES AT THE TIME OF THEIR OFFICER ELECTIONS. IF AN EMPLOYEE OF THE CORPORATION IS ALSO SERVING AS AN OFFICER, THEN HIS/HER TERM AS AN OFFICER SHALL TERMINATE UPON THE TERMINATION OF HIS/HER EMPLOYMENT WITH THE CORPORATION.

BYLAWS SECTION 1.7 - CHAIR - AMENDED TO INCLUDE:
THE PERSON ELECTED AS BOARD CHAIR MUST HAVE PREVIOUSLY HELD AN OFFICER POSITION ON THE BOARD FOR AT LEAST ONE YEAR.

BYLAWS SECTION 3.7 - INCLUSION DIVERSITY EQUITY AND ACCESSIBILITY (IDEA) COMMITTEE. AMENDED TO INCLUDE:
THIS CORPORATION WILL HAVE A STANDING IDEA COMMITTEE. THIS COMMITTEE SHALL SUPPORT IDEA EFFORTS BY RAISING THE VISIBILITY OF IDEA WORK AT THE BOARD LEVEL, REVIEWING AND PROVIDING FEEDBACK ON IDEA STRATEGIC PRIORITIES, GOALS AND METRICS, AND PROVIDING INSIGHT AND RECOMMENDATIONS ON OPPORTUNITIES FOR EDUCATION AND TRAINING OF BOARD AND STAFF.

FORM 990, PART VI, SECTION B, LINE 11B:
THE REVIEW OF THE CONTENT OF FORM 990 IS CONDUCTED BY THE AUDIT & RISK COMMITTEE OF THE BOARD OF TRUSTEES, 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, DIRECTORS, TRUSTEES AND KEY EMPLOYEES 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

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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 TPT INTERNAL DOCUMENTATION.

FORM 990, PART VI, SECTION B, LINE 15:
 THE HUMAN RESOURCES (HR) DEPARTMENT CONDUCTS AN ANNUAL SALARY REVIEW FOR
 THE CHIEF EXECUTIVE OFFICES (CEO) POSITION. THIS INFORMATION IS PROVIDED TO
 THE EXECUTIVE COMMITTEE, ABSENT THE CEO, UPON REVIEW, THE COMMITTEE MAKES
 THE FINAL COMPENSATION DECISION. THE COMPENSATION REVIEW PROCESS FOR THE
 CEO POSITION WAS LAST UNDERTAKEN IN 2022.

THE HR DEPARTMENT ALSO CONDUCTS PERIODIC SALARY STUDIES FOR ALL OTHER
 OFFICERS AND KEY POSITIONS UPON HIRING OR AT REGULAR INTERVALS, IF
 POSITIONS REMAIN STAFFED. INDEPENDENT OUTSIDE SALARY SURVEYS ARE USED IN
 CONJUNCTION WITH THE COMPENSATION POLICY TO DETERMINE COMPENSATION
 DECISIONS. THE COMPENSATION REVIEW PROCESS FOR THESE POSITIONS WAS LAST
 UNDERTAKEN IN 2021 AND 2022.

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
 AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE
 AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:
 CAPTIONING:

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PROGRAM SERVICE EXPENSES 21,851.

MANAGEMENT AND GENERAL EXPENSES 2.

FUNDRAISING EXPENSES 4,965.

TOTAL EXPENSES 26,818.

VIDEO PRODUCTION:

PROGRAM SERVICE EXPENSES 1,184,152.

MANAGEMENT AND GENERAL EXPENSES 173.

FUNDRAISING EXPENSES 154,620.

TOTAL EXPENSES 1,338,945.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES 4,139,618.

MANAGEMENT AND GENERAL EXPENSES 215,293.

FUNDRAISING EXPENSES 410,403.

TOTAL EXPENSES 4,765,314.

TALENT:

PROGRAM SERVICE EXPENSES 329,235.

MANAGEMENT AND GENERAL EXPENSES 291.

FUNDRAISING EXPENSES 66,866.

TOTAL EXPENSES 396,392.

ONLINE PRODUCTION:

PROGRAM SERVICE EXPENSES 249,570.

FUNDRAISING EXPENSES 500.

TOTAL EXPENSES 250,070.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 6,777,539.

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACTUARIAL ADJUSTMENT	-13,953.
DISSOLUTION OF TWIN CITIES PUBLIC MEDIA COMMONS INTO TPT	-9,025,000.
TOTAL TO FORM 990, PART XI, LINE 9	-9,038,953.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TWIN CITIES PUBLIC MEDIA WORKSHOP, LLC - 81-4809417, 172 E FOURTH STREET, ST. PAUL, MN 55101	SUPPORTING ORGANIZATION OF TPT	MINNESOTA			TWIN CITIES PUBLIC TELEVISION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TWIN CITIES PUBLIC MEDIA COMMONS - 47-2050252, 172 EAST 4TH STREET, SAINT PAUL, MN 55101	SUPPORTING ORGANIZATION OF TPT	MINNESOTA	501(C)(3)		TWIN CITIES PUBLIC TELEVISION	X	

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
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)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TWIN CITIES PUBLIC MEDIA COMMONS	K	62,500.	BOOK
(2) TWIN CITIES PUBLIC MEDIA COMMONS	C	12,439,696.	BOOK
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.