Form	8868
(Rev.	January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru		Taxpayer	identificatio	n number (TIN)		
print	COLORADO PUBLIC TELEVISION				84-0723918		
File by the due date filing your return. Se instructio	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 1740						
	DENVER, CO 80201-1740	oreight add					
Enter t	ne Return Code for the return that this application is for (fi	le a separa	te application for each return)				
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) KIM WHITE	07					
box ▶ 1 t	request an automatic 6-month extension of time until ne organization named above. The extension is for the org ▶ calendar year or	and atta	Ich a list with the names and TINs of ST 15, 2024 , to file return for:	all members the exem	ers the exten		
2 l'	the tax year entered in line 1 is for less than 12 months, o	check reaso	on: Initial return	Final retur	n		
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.	
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	9 enter an	refundable credits and	Ja	Ψ		
	stimated tax payments made. Include any prior year over			3b	\$	0.	
сE	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by				
L	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	l (direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	868 (Rev. 1-2022)	

uoigii	Livei			** PUBL	IC DIS	CLOSURE (COPY **		Tax	OMB No. 1545-0047
-	Q	90		•		n Exempt				0000
Forr	n Ji	30	Under section 501			e Internal Rever ers on this form				
Depa Intern	rtment o	of the Treasury nue Service			-	r instructions an	-	-		Open to Public Inspection
			ar year, or tax year	-				SEP 30,	2023	
B C a	heck if	e: C Name o	forganization					D Employe	er identifica	tion number
	Addres change		RADO PUBLI	C TELEVI	SION				000001	0
]chang∉ ⊓Initial	e Doing b	usiness as						072391	8
	_return Final return/	P.O.	and street (or P.0. b BOX 1740	ox if mail is not de	elivered to stre	eet address)	Room/suit		ne number 3)296-	
	termin ated Ameno return	City or t	own, state or province ER, CO 80	ce, country, and 201-1740		gn postal code		G Gross recei	^{ipts \$} a group retu	<u>6,617,056.</u>
	Applic dion pendin	^{a-} F Name a	nd address of princip			1		for sub	oordinates?	Yes X No
<u> </u>		empt status:	AS C ABOVE	501(c) () (insert n	o.) 4947(a)(1) or 52			uded? Yes No
	Vebsit		PBS12.ORG	50 I(C) () (111561111	0.) [] 4947(a)(H(c) Group		
_			X Corporation	Trust A	ssociation	Other	L Yea			State of legal domicile: CO
	nrt I	Summary								5
ce			e the organization's OF THE CO				SHARE	THE REAL	L, PERS	SONAL
Governance		Check this bo				perations or dis	oosed of mor	re than 25% of	its net asset	ts.
ver			ting members of the	-		-			1 1	12
	4	Number of inc	lependent voting me	mbers of the go	overning bod					12
Activities &	5	Total number	of individuals employ	yed in calendar	year 2022 (P	art V, line 2a)			5	31
vitie			of volunteers (estima							40
Acti	7 a	Total unrelate	d business revenue f	rom Part VIII, co	olumn (C), lin	e 12			7a	1,177.
_	b	Net unrelated	business taxable inc	ome from Form	n 990-T, Part	I, line 11	<u></u>			0.
		_	_				_	Prior Ye		Current Year
ne			and grants (Part VIII					2,214	,521. ,602.	<u>3,452,077.</u> 950,018.
Revenue		•	ce revenue (Part VIII	•					,984.	32,741.
Re			come (Part VIII, colur e (Part VIII, column (A						,528.	782,858.
			- add lines 8 through					3,609		5,217,694.
			nilar amounts paid (.,	0.	0.
			to or for members (P						0.	0.
s			r compensation, emp					1,767	,885.	1,807,472.
Expenses	16a	Professional f	undraising fees (Part	IX, column (A),	line 11e)				0.	0.
xpe			ing expenses (Part Ιλ				099.			
Ш			es (Part IX, column (A					1,996		2,653,305.
			s. Add lines 13-17 (n					3,764	-	4,460,777.
		Revenue less	expenses. Subtract	ine 18 from line				- 154 Beginning of Cur	<u>, 535.</u>	756,917.
t Assets or d Balances	00	Tatal "						10,363		End of Year 11,855,167.
vsse Bala	20		Part X, line 16) (Part X, line 26)						,140.	829,392.
Net /			fund balances. Subt					9,876		11,025,775.
	irt II	Signature			111111111111111111111111111111111111111			5,070	,551•	11,025,775.
		Ities of perjury,	I declare that I have exa							nowledge and belief, it is
true,	COLLEC	t, and complete	, Declaration of prepare	i (other than offic	er) is based o	ii all information of	which prepare	er nas any knowl	edge. 8/14/202	4
Siar		Signature Cet e						Date	e	
Sigr Her		кім мні	TE, VP OF	FIN & AD	MIN/TR	EASURER		240		
		Type or print n						Data		
Paid		Print/Type pre SARAH H			Preparer's s SARAH	-		Date 08/14/24	4 Check if self-employed	PTIN P00492291
Prep	arer	Firm's name	CLIFTONLA							-0746749
Use	Only	Firm's address	8390 EAST	CRESCEN	IT PARK	WAY, SUI'	FE 300			
			GREENWOOD	VTLLAGE	. CO 8	0111		Pho	ne no (30	3) 779-5710

May the IRS dis	scuss this return with the preparer shown above? See instructions	
232001 12-13-22	LHA For Paperwork Reduction Act Notice, see the separate instr	uctions.

	990 (2022) COLORADO PUBLIC TELEVISION 84-0723918 Page 2 t III Statement of Program Service Accomplishments
Fai	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO SHARE THE REAL, PERSONAL STORIES OF THE COLORADO EXPERIENCE THAT
	CELEBRATE OUR LIFESTYLES AND TACKLE THE ISSUES THAT DEFINE OUR STATE.
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," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,002,186. including grants of \$0.) (Revenue \$947,893.)
	PROGRAMMING AND PRODUCTION - ANY FUNCTIONS RELATED TO THE ACQUISITION,
	SCHEDULING AND BROADCASTING OF TELEVISON PROGRAMS OF EDUCATIONAL AND
	INFORMATIONAL CONTENT GEARED TO THE INTEREST OF THE COMMUNITY AS WELL AS ENTERTAINMENT SPECIALS NOT AVAILABLE LOCALLY. ALSO PRODUCING
	TELEVISON PROGRAMMING THAT IS NOT ACQUIRED AND THE RELATED FUNCTIONS TO
	PRODUCE SUCH PROGRAMS. LOCAL PUBLIC AFFAIRS COVERING COMMUNITY ISSUES
	AND INTERNATIONAL TOPICS ARE OF MAJOR FOCUS.
4b	(Code:) (Expenses \$ 934,733. including grants of \$ 0.) (Revenue \$ 0.)
10	TRANSMISSION - FUNCTIONS RELATED TO THE MAINTENANCE, INSTALLATION AND
	DISSEMINATION OF THE TECHNICAL APPARATUS RELATING TO TELEVISED
	PROGRAMS.
4c	(Code:) (Expenses \$ 853,545. including grants of \$ 0.) (Revenue \$ 0.)
	PUBLIC INFORMATION - ANY ACTIVITY RELATED TO INCREASING PUBLIC
	AWARENESS OF PROVIDED SERVICES. PRINT INFORMATION AND INCREASING ELECTRONIC ACTIVITY PROVIDE THE TOOLS TO DO SO. INTERACTIVE COMMUNITY
	RELATIONS REGARDING SERVICES IS A MAJOR GOAL.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,790,464.
	Form 990 (2022
232002	12-13-22 3

Form 990 (2022) COLORADO PUE Part IV Checklist of Required Schedules COLORADO PUBLIC TELEVISION

1 Is the organization described in sections 501(k)0 or 4927(k)(1) (other than a private foundation)? 1 X 2 Is the organization engage in direct or inder bolical campaign activities on basil of or in opposition to candidates for public offee? If "Yes," complete Schedule <i>Q</i> , Part I 3 X 3 Extende 501(c)(3) organizations engage in a line constraints on engage in lobbying activities, or have a section 501(b) election in effect direct or inder bolical campaign activities, or have a section 501(b) election in effect direct or inder bolical campaign activities, or have a section 501(b) election in effect direct or inder bolical campaign activities, or have a section 501(b) election in effect direct or inder bolical campaign activities, or have a section 501(b) election in effect direct or inder bolical campaign activities, or have a section 501(b) election in effect direct d				Yes	No
If "Yes," complete Schedule A complete Schedule B, Schedule of Contributors? See instructions 1 X 3 Did the organization engage in direct o indirect political campaign activities on behalf of or in opposition to candidates for public official organization engage in biobying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 3 X 4 X 5 bit the organization mature during activities on the securits for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to bit do organization mature collections of vorks of at, historical treasures, or other similar acadet? If "Yes," complete Schedule D, Part II 7 X 10 Did the organization direction and works of at, historical treasures, or other similar acadet? If "Yes," complete Schedule D, Part II 7 X 10 Did the organization direction and works of at, historical treasures, or other similar acadet? 9 X 10 Did the organization direction and works of at, historical treasures, or other similar acadet? 9 X 10 Did the organization direction and w	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 bit the organization enguge in direct in inder policial campaign activities on bhall of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Do the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy and" If Yes," complete Schedule C, Part I 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-179 If Yes," complete Schedule C, Part I 6 X 6 Did the organization or investment of amounts in such finds or accounts? If Yes," complete Schedule C, Part I 6 X 7 X Bit the organization maintain and during of amounts in such finds or accounts? If Yes," complete Schedule C, Part I 7 X 8 Did the organization maintain collections of works of art, historical transures, or other similar assets? H 'Yes," complete Schedule C, Part I 8 X 9 Did the organization maintain collections of works of art, historical transures, or other similar assets? H 'Yes," complete Schedule C, Part I 7 X 9 Did the organization report an amount in Part X, lino 21, or secret or ouclodial account liability, serve as a culcidain for amounts not listed in Part X, ino 21, or secret or ouclodial account liability, serve as a culcidain for amounts not listed D		-	1	x	1
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4 Section 901(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // if yes, 'complete Schedule C, Part II 4 X 5 Is the organization a section 501(h) election for solubility organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98199. If Yes, 'complete Schedule C, Part II 6 X 6 Did the organization markina may donor advised funds or any similar funds or accounts? If Yes, 'complete Schedule D, Part II 6 X 7 X 8 Did the organization neutron any donor advised mosament, including assements to preserve open space. the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part II 6 X 8 Did the organization markin and online of any similar and and a costodian for amounts not lated in Part X, or provide crefit conselling, doth management, credit meany, or doth regulation services? If Yes, 'complete Schedule D, Part W 0 0 0 10<	3				
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? (***a; * complete Schedule C, Part II In the organization ascerion 501(b) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 91:197 (ff **es, * complete Schedule C, Part II Did the organization maintain any doner advised funds or any similar funds or accounts for which donors have the right to provide advice on robid a conservation assement, including easements to prevene open pace. The environment, historic land areas, or historic attractures (ff **es, * complete Schedule D, Part II Did the organization maintain any doner advised or dart, historical treasures, or other similar assets? (ff **es, * complete Schedule D, Part II Did the organization neover on anount in Part X, Line 21, for service or outstolial account liability, serve as a custodiation services? If **es, * complete Schedule D, Part II Did the organization server on yor the following questions is **es, * then complete Schedule D, Part VI, III, K, or X, as applicable. Did the organization samourt for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If **es, * complete Schedule D, Part VI. Did the organization report an amount for investments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If **es, * complete Schedule D, Part VI. Did the organization report an amount for three saces in Part X, line 17. If **es, * complete Schedule D, Part VI. Did the organization report an amount for investments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If **es, * complete Schedule D, Part VI. Did the organization neport an am		public office? If "Yes," complete Schedule C, Part I	3		Х
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5 Is the organization ascellon 501(c)(6), 001(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Nev Proc, 981(97), 11 * vsg, * complete Schedule C, Part II 5 X 6 Did the organization maintain any done advised funds or accounts for which donnes have the pints to provide advice on the distribution or investment of amounts in such funds or accounts for which donnes have the pints the environment, historic land areas, or historic atructures // * vsg, * complete Schedule D, Part II 6 X 7 X Did the organization maintain any done of an unstantion asament, including asaments to preserve open space, the environment, historic land areas, or historic atructures // * vsg, * complete Schedule D, Part II 7 X 8 Did the organization maintain any done or cells counseling, debt management, credit repair, or debt negotiation services? 7 X 9 Did the organization aneout to rung a related organization, hold assets in donor-restricted endowments or in quasi endowments? 9 X 10 Lit the organization services? 9 X 11 Lit de organization export an amount for land, buildings, and equipment in Part X, line 12? 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 114 X <td></td> <td>during the tax year? If "Yes," complete Schedule C, Part II</td> <td>4</td> <td></td> <td>Х</td>		during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lar areas, or historical tressures, or other similar assets? If Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical tressures, or other similar assets? If Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian in error amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian in the organization report an anount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VI 11a X 11 Did the organization report an amount for other iabilities in Part X, line 15? If Yes, "complete Schedule D, Part X 11a X 11 <td< td=""><td>6</td><td></td><td></td><td></td><td></td></td<>	6				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

232003 12-13-22

4

Form	990 (2022) COLORADO PUBLIC TELEVISION 84-0723	918	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04-	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
2.	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	000	(2022)
232004	↓ 12-13-22 F	rorm	330	(2022)

⁵ 2022.06000 COLORADO PUBLIC TELEVISIO A8339101

Form	990 (2022) COLORADO PUBLIC TELEVISION 84-072	<u>3918</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-			X	
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Δ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
, N		6b	х	
-		00		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		00		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U				
-	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	j 12-13-22	Form	990	(2022)
				\/

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Form 990 (2		84-0723918	Page 6
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 throug	h 7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See		
	Check if Schedule O contains a response or note to any line in this Part VI		X

1a Er b Er 2 Di of J 3 Di	Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	<u>1a</u>	1	2	Yes	No
lf 1 bo b Er 2 Di of 3 Di	there are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>	1	2	Yes	No
lf 1 bo b Er 2 Di of 3 Di	there are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>	1	2		
b0 b Er 2 Di of 3 Di						
 b Er 2 Di of 3 Di 	bdy delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
2 Di of 3 Di						
of 3 Di	nter the number of voting members included on line 1a, above, who are independent	1b	1	2		
3 Di	id any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	ficer, director, trustee, or key employee?			2		X
of	id the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	officers, directors, trustees, or key employees to a management company or other person?			3		X
4 Di	id the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5 Di	id the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6 Di	id the organization have members or stockholders?			6		X
7a Di	id the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
m	ore members of the governing body?			7a		X
b Ar	re any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
pe	ersons other than the governing body?			7b		X
8 Di	d the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e following:			
	ne governing body?			8a	Х	<u> </u>
b Ea	ach committee with authority to act on behalf of the governing body?			8b	Х	
9 ls	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
or	ganization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sectio	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a Di	id the organization have local chapters, branches, or affiliates?			10a		X
b If	"Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
ar	nd branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a Ha	as the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b De	escribe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a Di	id the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
c Di	id the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	′es," d	escribe			
or	n Schedule O how this was done			12c	Х	
13 Di	id the organization have a written whistleblower policy?			13	Х	
14 Di	id the organization have a written document retention and destruction policy?			14	Х	
15 Di	id the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
pe	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a Th	ne organization's CEO, Executive Director, or top management official			15a	Х	
b Ot	ther officers or key employees of the organization			15b	Х	
lf	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a Di	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	xable entity during the year?			16a		X
b If	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
in	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
ex	kempt status with respect to such arrangements?			16b		
<u>Sectio</u>	on C. Disclosure					
17 Lis	st the states with which a copy of this Form 990 is required to be filed					
18 Se	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s only)	availal	ble
fo	r public inspection. Indicate how you made these available. Check all that apply.					
Γ	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19 De	escribe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, a	nd finan	cial	
st	atements available to the public during the tax year.					
20 St	tate the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
K	IM WHITE - (303)296-1212					
G	.O. BOX 1740, DENVER, CO 80201-1740					
r						(2022)

Form 990 (2022)	COLORADO PUBLIC TELEVISION	84-0723918 Page 7
Part VII Comper	sation of Officers, Directors, Trustees, Key Employees, High	nest Compensated
Employe	es, and Independent Contractors	
Check if So	chedule O contains a response or note to any line in this Part VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees	5
 List all of the organic 	for all persons required to be listed. Report compensation for the calendar year anization's current officers, directors, trustees (whether individuals or organizat , (E), and (F) if no compensation was paid.	, s

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ane	Reportable	Reportable	Estimated
	hours per	box.	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	ll trus		/ee	m pen		1099-NEC)	1000 NEO	and related
	below	dual t	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) KRISTEN BLESSMAN	40.00									
PRESIDENT				х				175,566.	Ο.	24,482.
(2) KIMBERLY WHITE	40.00									
TREASURER/VP OF FINANCE				Х				89,422.	0.	26,158.
(3) ANDI RUGG	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) JASON STOUT	4.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(5) CHRISTINE BENERO	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DESSA BOKIDES	1.00									
DIRECTOR		Х						0.	0.	0.
(7) WES BURNETT	1.00									
DIRECTOR		х						0.	0.	0.
(8) KIM CARVER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID DRUCKER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TAMARA LARSEN	1.00									
DIRECTOR		х						0.	0.	0.
(11) JON SHAVER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CHRISTINE SMITH	1.00									_
DIRECTOR		х						0.	0.	0.
(13) JUNE TAYLOR	1.00									_
DIRECTOR		Х						0.	0.	0.
(14) AMELIA TENNE	1.00									_
DIRECTOR		х						0.	0.	0.
						-				
										- 000 (

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Form 990 (2022)

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Form 990 (2022)	COLORADO	PUBLIC	ΤE	LE	VI	SI	ON			84-07	23918	Page 8
Part VII Section A.	Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
	(A) e and title	(B) Average hours per week	box offic	not ch , unles cer and	ieck r s per	ition more rson is	than d is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	n an	(F) timated nount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/ fr org and	pensation om the anization d related anizations
	nuation sheets to Part VI								264,988.		0.5	0,640.
d Total (add lines2 Total number of i	1b and 1c) individuals (including but n om the organization								264,988. eceived more than \$100,		0. 5	0,640. 1
3 Did the organizat	tion list any former officer, complete Schedule J for s										3	Yes No
4 For any individua and related organ	al listed on line 1a, is the sunizations greater than \$150 sted on line 1a receive or a	im of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	nsat te S	tion Sche	and edule	oth J f	ner compensation from t	he organization		X
rendered to the c Section B. Independe	organization? <i>If "Yes." com</i>	plete Schedule	e J fo	or su	ch p	oers	on .				5	X
1 Complete this tal	ble for your five highest co Report compensation for	-									ensation fro	om
CMALL DOMAG	(A) Name and business DES PRESENTS L								(B) Description of s	ervices	(C Comper	
6666 CARR ST									PROMOTER/AGE	NT	68	9,283.
	independent contractors (in pensation from the organized and the o	•	ot lin	nited	to t	thos 1		ted	above) who received me	ore than	Form	990 (2022)

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				PUBL	IC TELEV	ISION		84-0723	918 Page 9
Pa	rt V	111	Statement of Revenue						
			Check if Schedule O contains a r	esponse	or note to any lin		(=)	(
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
									sections 512 - 514
ts t	1	а	Federated campaigns	1a					
irar		b	Membership dues	1b	1,385,842.				
D G		с	Fundraising events	1c					
ar /		d	Related organizations	1d					
s, G		е	Government grants (contributions)	1e	772,273.				
ŝ		f	All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above	1f	1,293,962.				
it i		g	Noncash contributions included in lines 1a-1f	1g \$					
anc		h	Total. Add lines 1a-1f			3,452,077.			
					Business Code				
Ð	2	а	EXCESS CAPACITY		516100	854,159.	854,159.		
, vic	_	b	PRODUCTION INCOME		516100	64,986.	64,986.		
Ser		ĉ	UNDERWRITING		513190	30,873.	30,873.		
E a		d				,	,		
Program Service Revenue		e							
Pro			All other program service revenue						
_			Total. Add lines 2a-2f			950,018.			
	3	9	Investment income (including dividen			- · · , · = · ·			
	U				,	34,866.			34,866.
	4		Income from investment of tax-exemption		proceeds				
	5			•					
	5		Royalties	Real	(ii) Personal				
	~	_		06,900.					
	6	_		42,613					
		b		64,287.					
				04,207	•	64,287.		1 1 7 7	62 110
			Net rental income or (loss)	ecurities	(ii) Other	04,207.		1,177.	63,110.
	1	а		cunties					
			assets other than inventory 7a						
		b	Less: cost or other basis	0 105					
evenue			and sales expenses 7b	2,125					
eve			· · · · · · · · · · · · · · · · · · ·	-2,125		0.105	0.105		
Å			Net gain or (loss)			-2,125.	-2,125.		
Other R	8	а	Gross income from fundraising events (n						
Ò			including \$						
			contributions reported on line 1c). Se		4 977 644				
			Part IV, line 18						
			Less: direct expenses		1,354,624.	F			500.000
			Net income or (loss) from fundraising			523,020.			523,020.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming act						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
		с	Net income or (loss) from sales of inv	entory .					
s					Business Code				
jou	11	а	MISCELLANEOUS		900099	195,551.	ļ		195,551.
enu		b					ļ		
cell leve		с					ļ		
Miscellaneous Revenue		d	All other revenue						
-		е	Total. Add lines 11a-11d			195,551.			
	12		Total revenue. See instructions			5,217,694.	947,893.	1,177.	816,547.
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COLORADO PUBLIC TELEVISION

Form	990 (2022) COLORADO PUE	BLIC TELEVISI	ION	84-07	23918 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	207 101	121 222	255 000	
•	trustees, and key employees	387,121.	131,232.	255,889.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	1,154,745.	704,477.	220,322.	229,946.
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,1J1,/4J•	, , , , , , , , , , , , , , , , , , , ,	220,322.	447,940.
o	section 401(k) and 403(b) employer contributions)	32,791.	19,959.	6,336.	6 496
9	Other employee benefits	115,870.	67,219.	28,127.	<u>6,496.</u> 20,524.
10	Payroll taxes	116,945.	63,842.	35,327.	17,776.
11	Fees for services (nonemployees):	11075101			
a	Management				
b	Legal				
	Accounting	36,689.		36,689.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,706.		25,706.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	726,539.	571,687.	20,351.	134,501.
12	Advertising and promotion	15,116.	15,116.		
13	Office expenses	298,525.	42,360.	31,191.	224,974.
14	Information technology	34,174.	34,174.		
15	Royalties				
16	Occupancy	339,589.	232,080.	101,758.	5,751.
17	Travel	25,426.	1,648.	12,809.	10,969.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 0 0 0	0 740	2 002	
20	Interest	4,829.	2,746.	2,083.	
21	Payments to affiliates	JEE 000	106 625	12 016	15 271
22	Depreciation, depletion, and amortization	255,822. 35,286.	196,635. 17,364.	43,816.	15,371.
23	Insurance	33,200.	1/,304.	11,944.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION COSTS	358,916.	358,916.		
b	ACQUISITIONS - CONTENT	309,811.	309,811.		
С	PREMIUMS	128,877.			128,877.
d	DUES & PUBLICATIONS	40,379.	7,520.	31,347.	1,512.
е	All other expenses	17,621.	13,678.	3,541.	402.
25	Total functional expenses. Add lines 1 through 24e	4,460,777.	2,790,464.	873,214.	797,099.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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11 2022.06000 COLORADO PUBLIC TELEVISIO A8339101

Form 990 (2022)

COLORADO PUBLIC TELEVISION

Form Par	990 (2 t X	2022) COLORADO PUBLI Balance Sheet	C TE	LEVISION		84-	0723918 Page 11
		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			461,960.	1	329,895.
	2	Savings and temporary cash investments			1,393,522.	2	1,655,645.
	3	Pledges and grants receivable, net			24,493.	3	84,135.
	4	Accounts receivable, net			358,994.	4	663,200.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			156,772.	9	159,862.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,924,105.			
	b	Less: accumulated depreciation	10b	3,568,371.	2,214,953.	10c	2,355,734.
	11	Investments - publicly traded securities			5,624,010.	11	6,606,696.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			128,987.	15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	10,363,691.	16	11,855,167.
	17	Accounts payable and accrued expenses			346,780.	17	391,854.
	18	Grants payable				18	
	19	Deferred revenue				19	437,538.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
liti		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			140,360.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page	•				
		parties, and other liabilities not included on lines	,	·			
		of Schedule D			107 110	25	000 200
	26	Total liabilities. Add lines 17 through 25	<u></u>	X	487,140.	26	829,392.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			9,586,676.	27	10,484,687.
ala	27				289,875.	27	541,088.
Б	28	Organizations that do not follow FASB ASC 9		ok horo	205,015.	20	541,000:
۳.		and complete lines 29 through 33.	50, Che				
ŗ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
SS	31	Retained earnings, endowment, accumulated inc				31	
< 1		notamod danningo, chaowinont, accumulated in					
Net Assets or Fund Balances	32	Total net assets or fund balances			9,876,551.	32	11,025,775.

Form 990 (2022)

232011 12-13-22

Form	990 (2022) COLORADO PUBLIC TELEVISION	84-0	0723918	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,217	7,6	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,460),7'	77.
3	Revenue less expenses. Subtract line 2 from line 1	3	756	5,93	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,876	5,5	51.
5	Net unrealized gains (losses) on investments	5	892	2,3	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-500),0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,025	5,7	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDU (Form 990) Department of the Internal Revenue	e Treasury	Co	omplete if the organ 494 At	rity Status an lization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo	(c)(3) orga ritable tru rm 990-E	anization Ist. Z.	or a section		OMB No. 1545-0047
		(Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Name of the	e organization								identification number
Part I	Peacon for			C TELEVISION (All organizations must c		ia mant \ O	:		4-0723918
							ee instruction	S.	
				For lines 1 through 12, cl			()/ A)/:)		
				n of churches described)(a)011 n	I)(A)(I).		
				Attach Schedule E (Form		~~~	::)		
	-	-		anization described in se njunction with a hospital			-	Viii) Entor	the hospital's name
	ity, and state:	ch organiza	allon operated in cor	ijunction with a nospital	described	in Sectio			the hospital s hame,
		onerated fo	or the benefit of a col	llege or university owned	or operat	ed by a do	vernmental u	nit describe	ed in
			complete Part II.)	loge of university owned	or operat	cu by u ge	venimentara		
				nental unit described in	section 17	70(h)(1)(A)	(v)		
		-	-	ntial part of its support fr				ne deneral r	oublic described in
	-		omplete Part II.)		onna gove	innontai		ie general j	
			• •	(1)(A)(vi). (Complete Part	· IL)				
				in section 170(b)(1)(A)(i	,	ed in conii	inction with a	land-grant	college
	-	-		ulture (see instructions).		-		-	-
	niversity:					·····, -··,	,		
	-	that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	-		• • • •	t to certain exceptions; a				-	-
				(less section 511 tax) fro					
S	ee section 509)(a)(2). (Cor	mplete Part III.)						
11 🗌 A	n organization	organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12 🗌 A	n organization	organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
rr	nore publicly su	pported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
lir	nes 12a througl	h 12d that d	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
a 🗌	Type I. A supp	orting orga	nization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), t	pically by	giving
	the supported	organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
	organization. \	/ou must c	omplete Part IV, Se	ections A and B.					
b	Type II. A sup	porting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or man	agement of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organization(s)	. You must	t complete Part IV,	Sections A and C.					
с 🗌	Type III functi	onally integ	grated. A supporting	g organization operated i	in connect	tion with, a	and functional	ly integrate	d with,
		0	.,.). You must complete F			-		
d 🗌	21	•	•	porting organization operation				0	()
		-		ation generally must sati	•			an attentiv	/eness
				nplete Part IV, Sections					
e 🔛				written determination from			Туре I, Туре	II, Type III	
				nally integrated supportir					
	the number of s								
	e the following Name of supporte		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetarv	(vi) Amount of other
	organization	-		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
				above (see instructions))	100				
Total									

Schedule A (Form 990) 2022 COLORADO PUBLIC TELEVISION 84-0723918 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2432471.	2658084.	3127577.	2214521.	3452077.	<u>13884730.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2432471.	2658084.	3127577.	2214521.	3452077.	13884730.
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.						13884730.
	ction B. Total Support				1	L	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2432471.	2658084.	3127577.	2214521.		13884730.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	210,646.	131,836.	135,351.	117,091.	141,766.	736,690.
9	Net income from unrelated business					,	
•	activities, whether or not the						
	business is regularly carried on	943,737.	0.	298.051.	511,977.	523,020.	2276785.
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16898205.
	Gross receipts from related activities,	etc. (see instructio	ne)				,734,039.
	First 5 years. If the Form 990 is for th			iourth or fifth tax y			<u>//01/0000</u>
10	organization, check this box and stor	0					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	column (f))		14	82.17 %
	Public support percentage from 2021					15	80.50 %
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the c		-				
	and stop here. The organization qual						
17~	10% -facts-and-circumstances test				13 16a or 16b a		
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
Ь	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is	
D.	more, and if the organization meets th	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
10	Trivate roundation. If the organizatio	IT AIG HOL OHEON & I		a, 100, 17a, 01 17b			,

Schedule A (Form 990) 2022 COLORADO PUBLIC TELEVISION 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.)

Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here						
See	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 2)22 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2021. If the	organization did n	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
2320	23 12-09-22			_		Schee	dule A (Form 990) 2022
			16	5			

COLORADO PUBLIC TELEVISION

1

Yes No

(Complete only if you checked a box on line 12 of 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

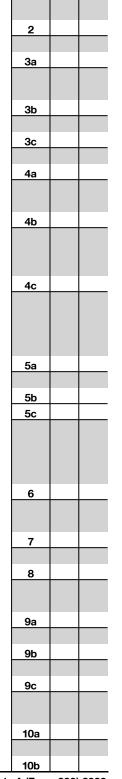
Part IV Supporting Organizations

Schedule A (Form 990) 2022

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

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 COLORADO PUBLIC TELEVISION Part IV Supporting Organizations (continued)

ιαι	Supporting Organizations (continuea)			
		Y	'es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	l 1a		
		l1b	_	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		l1c		
Sec	tion B. Type I Supporting Organizations			
	_	Y	'es	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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
6 00	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		Y	'es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Saci	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000				<u> </u>
		Y	'es	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	(ctions)		
2	Activities Test. Answer lines 2a and 2b below.		'es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

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	edule A (Form 990) 2022 COLORADO PUBLIC TELEVI			34-0723918 _{Pag}
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete :	Sections A through E.	(=) =
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7		ally integrate		nization (and

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

Schedule A (Form 990) 2022

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Sche Par	dule A (Form 990) 2022 COLORADO PUBL t V Type III Non-Functionally Integrated 509(nizations (continu		4-0723918 Page 7
Secti	on D - Distributions	(ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Guirent reu
2	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
_j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
e					

Schedule A (Form 990) 2022

	(Form 990) 2022	COLORADO					84-0723918	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanati 5a, 6, 9a, 9b, IV, Section E,	ons required I 9c, 11a, 11b, lines 1c, 2a, 3	by Part II, line 10; and 11c; Part IV 2b, 3a, and 3b; P	, Section B, lines 1 Part V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section (/, Section B, line 1e; Parl	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sect	ion E, lines 2,	, 5, and 6. Als	o complete this p	part for any additio	nal information.	,

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

84-072391	8
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COLORADO	PUBLIC	TELEVISION
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Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	$\fbox{3}$ 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

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Schedule B (Form 990) (2022)

Docusign Envelope ID: C23E353C-E782-4E3F-A0B7-6C393A3D00B7

COLORADO PUBLIC TELEVISION

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

84-0723918

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$377,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$520,720.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$287,547.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>275,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>251,553.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)	Page		
Name of organization	Employer identification number		
COLORADO PUBLIC TELEVISION	84-0723918		

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

	Noncash Property (see instructions). Use duplicate copies of Part	Il li additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		 \$	

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Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page				
Name of c	organization		Employer identification number				
COLOR	ADO PUBLIC TELEVISION		84-0723918				
Part III	Exclusively religious, charitable, etc., contributio	ns to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	I	(e) Transfer of gif	t				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
	Transferee's name, address, an		Relationship of transferor to transferee				
		[
(a) No. from		(-) ()(-					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, an	d ZI P + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		., .					
	I	(e) Transfer of gif	+				
		(e) mansier of gin	·				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2022)

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	HEDULE D	OMB No. 1545-0047			
Depart	ment of the Treasury Revenue Service	Part IV, line 6, 7, 8, 9, 10 A	nization answered "Yes" on For , 11a, 11b, 11c, 11d, 11e, 11f, 12 ttach to Form 990.) for instructions and the latest	2a, or 12b.	Open to Public Inspection
-	e of the organizatio			internation.	Employer identification number
	-	COLORADO PUBLIC TE			84-0723918
Par		tions Maintaining Donor Advise		Funds or Ac	counts. Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	end of year			
5	-	on inform all donors and donor advisors in v	-		
		n's property, subject to the organization's			
6	•	on inform all grantees, donors, and donor a	• •		•
		oses and not for the benefit of the donor o		-	
Der	impermissible priva				
Par		ation Easements. Complete if the org		rm 990, Part IV,	line 7.
1		ervation easements held by the organization			
		of land for public use (for example, recrea			prically important land area
		f natural habitat	Preserv	vation of a certi	fied historic structure
-		of open space			
2		through 2d if the organization held a qualif	led conservation contribution in the	he form of a co	Held at the End of the Tax Year
	day of the tax year				
a					2a
b	-				2b
с		vation easements on a certified historic stru			2c
d		vation easements included in (c) acquired a			
•					
3		vation easements modified, transferred, rel	eased, extinguished, or terminate	a by the organi	zation during the tax
4	year	 where property subject to conservation eas	omont is located		
5		tion have a written policy regarding the per		dling of	
Ŭ		orcement of the conservation easements it			Yes No
6		r hours devoted to monitoring, inspecting,			
-					······································
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing c	onservation eas	sements during the year
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of sect	ion 170(h)(4)(B)	(i)
	and section 170(h)	(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and e	expense statem	ent and
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial	I statements that	at describes the
	organization's acco	ounting for conservation easements.			
Par		tions Maintaining Collections of		, or Other S	imilar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	B, not to report in its revenue stat	tement and bala	ance sheet works
	of art, historical tre	asures, or other similar assets held for pub	lic exhibition, education, or resea	arch in furtherar	nce of public
	service, provide in	Part XIII the text of the footnote to its finar	cial statements that describes the	ese items.	
b	If the organization	elected, as permitted under FASB ASC 95	B, to report in its revenue stateme	ent and balance	sheet works of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research	h in furtherance	e of public service,
	-	ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			
	.,				
2	-	received or held works of art, historical trea		financial gain, p	provide
		ints required to be reported under FASB A			
		on Form 990, Part VIII, line 1			
-		Form 990, Part X			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22		26		
			26		

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	dule D (Form 990) 2022 COLORAD	O PUBLIC THe		asures, or Othe	er Sir	ع nilar	34-07 Assets	23918 (continu	Page 2
3	Using the organization's acquisition, accession							(00//////	<u>100</u>
	collection items (check all that apply):		-,,,						
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt p	ourpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r asse	ets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" or	n Forn	n 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	inclu	ded			
	on Form 990, Part X?						🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIII				_				
					L			Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
	Did the organization include an amount on Fe				-			Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i						aana kaali	(-) [
		(a) Current year	(b) Prior year	(c) Two years back	(a) I			. ,	years back
	Beginning of year balance	4,600,422.	5,873,265.	5,065,102.		4,83	33,527.	4,	884,093.
b	Contributions	726 105	0.00.200	1 000 001			-2 542		010 070
С	Net investment earnings, gains, and losses	736,195.	-968,326.	1,009,831.		35	53,743.		212,279.
d	Grants or scholarships								
е	Other expenditures for facilities		201 701	179 607		1.0	12 240		242 560
	and programs	21 272	281,791.	178,627.	-)2,349.		243,569. 19,276.
	Administrative expenses	21,372. 5,315,245.	22,726. 4,600,422.	23,041. 5,873,265.	_		L9,819.		-
g	End of year balance	· · · · ·				5,00	55,102.	4,	833,527.
2	Provide the estimated percentage of the curr	95.0000) held as:					
a L	Board designated or quasi-endowment Permanent endowment 3.0000		_%						
b	0 0000	% %							
С									
20	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posse		tion that are hold an	d administored for t	ha				
Ja	organization by:	ssion of the organiza	lion that are new an					Г	Yes No
	0							3a(i)	X
	(i) Unrelated organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	ed on Schedule B?					3b	<u></u>
4	Describe in Part XIII the intended uses of the								
-	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part X	, line ⁻	10.			
	Description of property	(a) Cost or o basis (investr	• • •		Accun epreci	nulate ation	d	(d) Book	value
19	Land		,	5,253.	1 - 51			425	5,253.
	Buildings				157	7,31	.5.		,076.
	Leasehold improvements			0,124.		., 59			3,525.
d	Equipment					2,05			,323.
	Other					,40			,557.
	. Add lines 1a through 1e. (Column (d) must e								5,734.
-									

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 COLORADO PUBLIC TELEVISION

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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. (Colu	umn (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
 (a)

 (2)
 (b)

 (3)
 (c)

 (4)
 (c)

 (5)
 (c)

 (6)
 (c)

 (7)
 (c)

 (8)
 (c)

 (9)
 (c)

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

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

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 COLORADO PUBLIC TELEVISION		0723918 Page 4								
	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	8,236,665.						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:										
а	Net unrealized gains (losses) on investments	2a	892,307.								
b	Donated services and use of facilities	2b	641,610.								
с	Recoveries of prior year grants										
d	Other (Describe in Part XIII.)	2d	156,136.								
е	Add lines 2a through 2d			2e	1,690,053. 6,546,612.						
3	Subtract line 2e from line 1			3	6,546,612.						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:										
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	25,706.								
b	Other (Describe in Part XIII.)	4b	-1,354,624.								
с	Add lines 4a and 4b	4c	-1,328,918.								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,217,694.							
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per F	Retur	n.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1							
1	Total expenses and losses per audited financial statements			1	6,654,901.						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:										
а	Donated services and use of facilities	2a	641,610.								
b	Prior year adjustments	2b									
С	Other losses	2c									
d	Other (Describe in Part XIII.)	2d	1,578,220.								
е	Add lines 2a through 2d			2e	2,219,830.						
3	Subtract line 2e from line 1			3	4,435,071.						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:										
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	25,706.								
b	Other (Describe in Part XIII.)	4b									
С	Add lines 4a and 4b			4c	25,706.						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	4,460,777.						
Pa	t 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:

THE ENDOWMENT FUNDS ARE TO BE USED TO BENEFIT THE OPERATIONS OF THE

CORPORATION IN

FUTURE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUE FROM RELATED ORGANIZATION	291,630.
AUDIT ELIMINATIONS	-178,107.
RENT RECLASSIFICATION	42,613.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	156,136.

PART XI, LINE	4B - OTHER ADJUSTMENTS:	
232054 09-01-22		Schedule D (Form 990) 2022
		29

Schedule D (Form 990) 2022 COLORADO PUBLIC TELEVISION Part XIII Supplemental Information (continued) Continued) Continued	84-0723918 Page
EVENT EXPENSE	-1,354,624.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSE FROM RELATED ORGANIZATION	359,090.
AUDIT ELIMINATIONS	-178,107.
EVENT EXPENSE	1,354,624.
RENT RECLASSIFICATION	42,613.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,578,220.

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SCHEDULE G	Suppleme	ntal Informatio	n Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047	
(Form 990)						Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2	022	
Department of the Treasury Internal Revenue Service	_		ch to Form 990 c							n to Public ection	
Name of the organization		o www.irs.gov/For	m990 for instruc	ctions	and th	ne latest information	n.	Employer	-	cation number	
name er me er gamzaner		O PUBLIC I	ELEVISIO	N					0723918		
Part I Fundrais					es" or	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ filer	s are not	
required to	complete this part	t									
1 Indicate whether the	•	ed funds through a	·	•							
a Mail solicitat	email solicitations				•	overnment grants nment grants					
c Phone solicitations g Special fundraising events											
d 🗌 In-person so	licitations				Ū						
2 a Did the organization		e e			Ũ		tees,				
			•			undraising services?	.		Yes	No	
b If "Yes," list the 10 compensated at le	•	•	undraisers) pursu	ant to	agreer	ments under which tr	ne tur	ndraiser is to	be		
		g							.		
(i) Name and addres	s of individual	(ii) Act	tivity	(iii) fundi have c	Did aiser	(iv) Gross receipts	tò (c	Amount pai or retained b	<u>,,, (v</u> i	Amount paid (or retained by)	
or entity (func	draiser)		livity	or cor contrib	ntrol of	from activity		fundraiser ted in col. (i		organization	
				Yes	No				, 		
Total											
Total 3 List all states in whi	ch the organizatio	n is registered or lic	ensed to solicit o	ontrib	utions	I or has been notified	it is e	exempt from	n reaistra	ation	
or licensing.									3.011		

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

Schedule G (Form 990) 2022

232081 10-27-22

			O PUBLIC TEL				-0723918 Page 2
Pa	nrt	Fundraising Events. Complete if the of fundraising event contributions and gree					
			(a) Event #1		b) Event #2	(c) Other events	(d) Total events
			CONCERDED			NONE	(add col. (a) through
			CONCERTS (event type)	(6	event type)	(total number)	col. (c))
anue					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Revenue	1	Gross receipts	1,877,644.				1,877,644.
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	1,877,644.				1,877,644.
	4	Cash prizes					
ŝ	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
t Exp							
Direct	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses Direct expense summary. Add lines 4 through					<u>1,354,624.</u> 1,354,624.
	10 11						
Pa	irt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization					
		\$15,000 on Form 990-EZ, line 6a.	1				
an			(a) Bingo		Pull tabs/instant progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					0 0		
<u>۳</u>	1	Gross revenue					
	2	Cash prizes					
nses	-						
Expenses	3	Noncash prizes					
Direct [4	Rent/facility costs					
Ē							
	5	Other direct expenses			la a		/
	6	Volunteer labor	Ves%		′es % Io	│ Yes % │ No	0
					I		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
-	_						
9		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?			Yes No
		No," explain:					
10a	We	ere any of the organization's gaming licenses re	evoked suspended or te	erminate	d during the tax y	/ear?	Yes No
		Yes," explain:					
2320	32 10)-27-22				Sch	edule G (Form 990) 2022

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Schedule G (Form 990) 2022 COLORADO PUBLIC TELEVISION	84-0723918 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a</u> %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
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 angle of the angle	mount
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?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	t 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	it and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	<i>y</i> , and r art in, intes 9, 90, 100,
232083 10-27-22 33	Schedule G (Form 990) 2022

12500814 131839 A833910

Schedule G	G (Form 990)	COLORADO	PUBLIC	TELEVISION	84-0723918	Page 4
Part IV	a (Form 990) Supplemental Infor	mation (continue	ed)			5
	-	,	,			
					Schedule G (F	orm 990)

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SCH	HEDULE J	Compensation Information		OMB No. 1	1545-004	47		
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•		
Depart	tment of the Treasury	Attach to Form 990.		Open to		ic		
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatior			r identification number -0723918				
Pa		COLORADO PUBLIC TELEVISION s Regarding Compensation	84-0	12391	8			
Га		s negarating compensation			Vee			
10	Chook the oppropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No		
		line 1a. Complete Part III to provide any relevant information regarding these items.	990,					
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
	_	spending account						
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	5					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation	committee Written employment contract						
	Independent c	ompensation consultant Compensation survey or study						
	Form 990 of of	ther organizations X Approval by the board or compensation of	ommittee					
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 re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re			_		v		
						X		
		ation?		<u>5b</u>		X		
		or 5b, describe in Part III.						
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a section of	n					
	contingent on the n			0.		v		
		ation 0				X X		
		ation?		<u>6b</u>				
		or 6b, describe in Part III.						
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x		
		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		/				
	-			8		x		
		id the organization also follow the rebuttable presumption procedure described in		0				
		a the organization also follow the rebuttable presumption procedure described in 1 53.4958-6(c)?		. 9				
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 000	2022		
LINA			Sched		1 330			

232111 10-18-22

Schedule J (Form 990) 2022 COLORADO PUBLIC TELEVISION

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTEN BLESSMAN	(i)	175,566.	0.	0.	4,812.	19,670.	200,048.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

84-0723918

Page 2

Schedule J (Form 990) 2022 COLORADO PUBLIC TELEVISION

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.

Schedule J (Form 990) 2022

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on JZZ Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 84-0723918 COLORADO PUBLIC TELEVISION FORM 990, PART VI, SECTION A, LINE 1A: BY ONE OR MORE RESOLUTIONS ADOPTED BY A MAJORITY OF THE DIRECTORS THEN IN OFFICE, THE BOARD OF DIRECTORS MAY DESIGNATE FROM AMONG ITS MEMBERS AN EXECUTIVE COMMITTEE AND ONE OR MORE OTHER COMMITTEES, EACH OF WHICH, TO THE EXTENT PROVIDED IN THE RESOLUTION ESTABLISHING SUCH COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT THAT A COMMITTEE OF THE BOARD SHALL NOT TAKE ANY ACTION PROHIBITED BY SECTION 7-128-206 OF THE COLORADO REVISED NONPROFIT CORPORATION ACT OR OTHERWISE PROHIBITED BY LAW. EACH COMMITTEE MAY ADOPT RULES FOR ITS OWN GOVERNANCE NOT INCONSISTENT WITH THESE BYLAWS OR WITH RULES ADOPTED BY THE BOARD.

IN NO EVENT SHALL ANY COMMITTEE AUTHORIZE EXPENDITURES OF ANY KIND, UNLESS SUCH EXPENDITURE IS CONTAINED IN A BUDGET APPROVED BY THE BOARD OF DIRECTORS OR UNLESS AUTHORITY TO AUTHORIZE SUCH EXPENDITURES IS GRANTED IN ADVANCE BY THE BOARD OF DIRECTORS, PROVIDED, THAT THE EXECUTIVE COMMITTEE MAY AUTHORIZE EXPENDITURES NOT TO EXCEED \$50,000 IN ANY ONE INSTANCE NOTWITHSTANDING THE RESTRICTIONS CONTAINED HEREIN. THE DELEGATION OF AUTHORITY TO ANY COMMITTEE SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS OR ANY MEMBER OF THE BOARD FROM ANY RESPONSIBILITY IMPOSED BY LAW. RULES GOVERNING PROCEDURES FOR MEETINGS OF ANY COMMITTEE OF THE BOARD OF DIRECTORS SHALL BE AS ESTABLISHED BY THE BOARD, OR IN THE ABSENCE THEREOF, BY THE COMMITTEE ITSELF.

THE CHAIRPERSON OF THE BOARD, VICE CHAIRPERSON OF THE BOARD AND THREE (3) OTHER MEMBERS OF THE BOARD, AS NOMINATED BY THE BOARD OF DIRECTORS ON AN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization COLORADO PUBLIC TELEVISION	Employer identification number 84-0723918
ANNUAL BASIS, SHALL CONSTITUTE THE EXECUTIVE COMMITTEE. TH	E CHAIRPERSON OF
THE BOARD SHALL CHAIR THE EXECUTIVE COMMITTEE. THE BOARD M	AY DELEGATE TO
THE EXECUTIVE COMMITTEE ANY OF THE POWERS AND AUTHORITY OF	THE CORPORATION,
EXCEPT THE POWER TO MAKE ANY CHANGES IN THESE BYLAWS, THE	CORPORATION'S
ARTICLES OF INCORPORATION, OR THE CORPORATION'S PUBLISHED	POLICIES. SUCH
DELEGATION SHALL NOT RELIEVE THE BOARD OF ITS LEGAL RESPON	SIBILITIES FOR
THE AFFAIRS OF THE CORPORATION. FOR ANY ACT OF THE EXECUTI	VE COMMITTEE
USING POWERS DELEGATED TO IT BY THE BOARD TO BE DEEMED AN	ACTION OF THE
BOARD, THE ACT MUST BE RATIFIED BY A VOTE OF THE BOARD AT	ITS NEXT REGULAR
OR SPECIAL MEETING. THE EXECUTIVE COMMITTEE SHALL USE REAS	ONABLE EFFORTS TO
PRESENT AN ANNUAL EVALUATION OF THE PRESIDENT OF THE CORPO	RATION, INCLUDING
COMPENSATION RECOMMENDATIONS TO THE BOARD FOR ITS CONSIDER	ATION AND ACTION.
THE EXECUTIVE COMMITTEE SHALL PRESENT A SLATE OF CANDIDATE	S TO THE BOARD
FOR ANY VACANT OFFICER POSITIONS.	

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT REVIEWS THE FORM 990 WHICH IS PREPARED BY AN EXTERNAL CPA. AN ELECTRONIC VERSION OF THE 990 IS SHARED WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. ANY QUESTIONS ARE DISCUSSED WITH MANAGEMENT AND/OR THE CPA AND UPON SATISFACTORY RESOLUTION OF ALL QUESTIONS THE RETURN IS FILED. IN ADDITION, A COPY OF THE RETURN IS GIVEN TO ALL MEMBERS OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD OF DIRECTORS, WITH A DIRECT OR INDIRECT CONFLICTING INTEREST, INCLUDING ANY FINANCIAL INTEREST, ARE REQUIRED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY AND COMPLETE AN ANNUAL STATEMENT REPORTING ANY POTENTIAL 232212 10-28-22 39

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2022.06000 COLORADO PUBLIC TELEVISIO A8339101
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Schedule O (Form 990) 2022 Name of the organization

84-0723918

CONFLICTS.

AT THE BEGINNING OF EACH BOARD MEETING THE CHAIR ASKS THE MEMBERS OF THE BOARD OF DIRECTORS IF THEY HAVE ANY CONFLICTS THAT NEED TO BE REPORTED BEFORE THE MEETING BEGINS. WITH ANY ACTUAL OR POSSIBLE CONFLICTING INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE CONFLICTING INTEREST, INCLUDING ANY FINANCIAL INTEREST, AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE ACTUAL OR POSSIBLE CONFLICTING INTEREST, INCLUDING ANY FINANCIAL INTEREST, AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, [SUCH PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICTING INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICTING INTEREST EXISTS].

AN INTERESTED PERSON MAY PRESENT AT THE BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, SUCH PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICTING INTEREST. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT CAUSE A CONFLICTING INTEREST. IF A MORE ADVANTAGEOUS Schedule O (Form 990) 2022 232212 10-28-22 40

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
COLORADO PUBLIC TELEVISION	84-0723918
CONTRACT, TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POS	SIBLE UNDER
CIRCUMSTANCES NOT PRODUCING A CONFLICTING INTEREST, THE BO	ARD OR COMMITTEE
SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DI	RECTORS WHETHER
THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BE	ST INTEREST, FOR
ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN	CONFORMITY WITH
THE ABOVE DETERMINATION IT SHALL DECIDE AS TO WHETHER TO E	NTER THE
CONTRACT, TRANSACTION OR ARRANGEMENT.	

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN: (A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICTING INTEREST, INCLUDING ANY FINANCIAL INTEREST, THE NATURE OF THE CONFLICTING INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICTING INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICTING INTEREST EXISTED; AND (B) THE NAMES OF THE PERSONS PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE CONTRACT, TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN WITH THE PROCEEDINGS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ANNUAL PROCESS FOR DETERMINING COMPENSATION OF BOTH THE TOP MANAGEMENT OFFICIAL (PRESIDENT) AND OF OTHER OFFICERS/KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE, USE OF COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISION. THE EXECUTIVE COMMITTEE OF THE BOARD AND THEN THE WHOLE BOARD REVIEW THE PRESIDENT/GM'S SALARY AND SET IT. THEY ALSO PERFORM AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT/GM AND DETERMINE IF A BONUS IS EARNED. THIS 232212 10-28-22 41

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number							
COLORADO PUBLIC TELEVISION	84-0723918							
PROCESS IS DONE IN THE EXECUTIVE SESSION OF THE BOARD MEET	ING. THE							
PRESIDENT/GM AND THE VP OF FINANCE AND ADMINISTRATION REVIEW THE OTHER								
OFFICERS SALARIES AND COMPARE IT THEM TO MARKET. ANY RAISE	S AND/OR BONUSES							
PAID TO STAFF, THAT ARE INCLUDED IN THE BUDGET ARE APPROVE	D BY THE BOARD OF							
DIRECTORS. THIS PROCESS WAS LAST COMPLETED IN FY 2023.								
FORM 990, PART VI, SECTION C, LINE 19:								
THE PUBLIC FILE IS ON SITE AT THE STATION AND ON THE WEBSI	TE OF THE							
CORPORATION. ALSO, UPON REQUEST AND FOR A NOMINAL COST, A	COPY OF THE							
GOVERNING DOCUMENTS, POLICES AND/OR FINANCIAL STATEMENTS W	ILL BE PROVIDED.							
FORM 990, PART IX, LINE 11G, OTHER FEES:								
CONTRACT SERVICES:								
PROGRAM SERVICE EXPENSES	70,146.							
MANAGEMENT AND GENERAL EXPENSES	4,620.							
FUNDRAISING EXPENSES	16,288.							
TOTAL EXPENSES	91,054.							
PROFESSIONAL SERVICES:								
PROGRAM SERVICE EXPENSES	501,541.							
MANAGEMENT AND GENERAL EXPENSES	15,731.							
FUNDRAISING EXPENSES	118,213.							
TOTAL EXPENSES	635,485.							
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	726,539.							
FORM XII, LINE 2C:								
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT							
HAS NOT CHANGED FROM THE PRIOR YEAR.								

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Schedule O (Form 990) 2 Name of the organization		Page 2 Employer identification number
Name of the organization	COLORADO PUBLIC TELEVISION	Employer identification number 84-0723918
232212 10-28-22	13	Schedule O (Form 990) 2022

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

2022	
Onen to Public	

Employer identification number 84 - 0723918

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

COLORADO PUBLIC TELEVISION

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

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				(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 COLORADO PUBLIC TELEVISION

84-0723918 Page 2

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

		,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
											
											+
	-										
	-										
	1										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(i contr	i) ction b)(13) rolled tity?
	foreign country) or trust)		233013		Yes	No			
FIVE POINTS MEDIA CENTER HOLDINGS INC -			COLORADO						
20-5832728, 12445 E 39TH AVENUE UNIT 202,	MANAGEMENT OF CONDO		PUBLIC						
DENVER, CO 80239	ASSOCIATION	CO	TELEVISION	C CORP	٥.	٥.	.68%		Х
	-								
	-								
	-								

Schedule R (Form 990) 2022 COLORADO PUBLIC TELEVISION

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FIVE POINTS MEDIA CENTER HOLDINGS INC	R	178,107.	CASH PAID
<u>(2)</u>			
<u>(3)</u>			
(4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2022 COLORADO PUBLIC TELEVISION

84-0723918 Page 4

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.

	5 5			1																															
(a)	(b)	(c)	(d)	(e) Are al	(f)		(g)		ר)	(i)	(j)	(k)																							
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.?	Share		Share of	Dispr tior alloca	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General c managing	Percentage																							
of entity		(state or foreign	excluded from tax under	orgs.?			end-of-year		tions?	of Schedule K-1	partner?	ownership																							
		country)	sections 512-514)	Yes N	inco	me	assets	Yes	No	(Form 1065)	Yes No																								
					_																														
					_																														

Schedule R (Form 990) 2022

Form	8868
(Rev.	January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

COLORADO PUBLIC TELEVISION 84–0723918 Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1740 P.O. BOX 1740 City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80201-1740 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7 Application Return Application Return Is For Code Is For Code Form 990 or Form 990 EZ 01 Form 1041.A 08 Form 990 (individual) 03 Form 5227 10 Form 990 (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990 T (sec. 401(a) or 408(a) trust) 05 Form 6069 12 Form 990 T (sec. 401(a) or 408(a) trust) 07 KIM WHITE Form 8870 Image: Corporation If the organization does not have an office or place of business in the United States, check this box Image: Corporation Image: Corporation Image: Corporation If the organization does not have an office or place of business in the United States, check this box Image: Corporation Image: Corporation Image: Corporation Image: Corporation Image: Corporation	Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identificatio	n number (TIN)
Piete ytem Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1740 Weat as a diversal of the street, and ZIP code. For a foreign address, see instructions. DENVER, CO 80201-1740 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990 EZ Of Torm 990 Fer Od Form 990 Fer Od Form 990 Fust Of Torm 990 Fust Od Form 990 Fust Pole Sust Form 990 Fust Od Form 990 Fust Od Form 990 Fustust Form 990 Fust <th>print</th> <th>COLORADO PUBLIC TELEVISION</th> <th></th> <th></th> <th></th> <th>84-07</th> <th>23918</th>	print	COLORADO PUBLIC TELEVISION				84-07	23918
DENVER, CO 80201-1740 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7 Application Return Application Return Application Return is For Code 1 Form 1041.A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-F 04 Form 5227 10 Form 990-T (corporation) 06 Form 8870 12 Form 990-T (corporation) 07 KIM WHITTE Form 6069 11 Form 990-T (corporation) 07 KIM WHITTE Fax No. ► ► Telephone No. ► (303)296-1212 Fax No. ► ► □ □ If the organization fodes not have an office or place of business in the United States, check this box	due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.		• - • • •	
Application Return Application Return Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 08 Form 990-FE 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (trust other than above) 07 Variable (trust) 07 Form 990-T (trust other than above) 07 Variable (trust) 12 Form 990-T (trust other than above) 07 Variable (trust) 12 Form 990-T (trust other than above) 07 Variable (trust) 12 Form 990-T (trust other than above) 07 Variable (trust) 12 Form 990-T (trust other than above) 07 Variable (trust) 12 Form 900-T (corporation) 07 Variable (trust) 12 I the organization does not have an office or place of business in the United States, check this box In this is for the whole group, check this box In the organization anamed above. The extension is four digit Gro	instructions.	DENVER, CO 80201-1740	-				
Is For Code Is For Code Form 990 or Form 990 er 01 Form 1041.A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990 PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6669 11 Form 990-T (corporation) 07 12 Form 990-T (corporation) 12 Form 990-T (corporation) 07 07 12 Form 990-T (corporation) 12 If the organization does not have an office or place of business in the United States, check this box	Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)	<u></u>		
Form 990 or Form 990-EZ 01 Form 1041.A 08 Form 4720 (individual) 03 Form 4720 (ther than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (corporation) 06 Form 8870 12 Form 990-T (corporation) 07 Image: Corporation (Corporation) Image: Corporation (Corporation) <td>Applicat</td> <td>ion</td> <td>Return</td> <td>Application</td> <td></td> <td></td> <td>Return</td>	Applicat	ion	Return	Application			Return
Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 12 Form 990-T (corporation) 07 12 The books are in the care of ▶ P.O. BOX 1740 - DENVER, CO 80201-1740 12 Telephone No. ▶ (303)296-1212 Fax No. ▶	ls For		Code	Is For			Code
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8069 11 Form 990-T (sec. 401(a) or 408(a) trust) 06 Form 8870 12 Form 990-T (corporation) 07 12 Form 990-T (corporation) 07 12 Form 990-T (corporation) 07 12 Telephone No. ► (303)296-1212 Fax No. ►	Form 990) or Form 990-EZ	01	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 12 KIM WHITE • The books are in the care of ▶ P.O. BOX 1740 - DENVER, CO 80201-1740 Telephone No. ▶ (303) 296-1212 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box box ▶ fill is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year or Calendar year or Calendar year or	Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 07 KIM WHITE • The books are in the care of ▶ P.O. BOX 1740 - DENVER, CO 80201-1740 Telephone No. ▶ (303)296-1212 Fax No. ▶	Form 990)-PF	04	Form 5227			10
Form 990-T (corporation) 07 KIM WHITE NIM WHITE • The books are in the care of ▶ P.O. BOX 1740 - DENVER, CO 80201-1740 Telephone No. ▶ (303)296-1212 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: >	Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
KIM WHITE • The books are in the care of ▶ P.O. BOX 1740 - DENVER, CO 80201-1740 Telephone No. ▶ (303)296-1212 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2024 , to file the exempt organization return for • □ calendar year or p	Form 990	0-T (trust other than above)		Form 8870			12
any nonrefundable credits. See instructions.3a\$100bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$0cBalance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c\$100Caution:If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment5100	 If the If this box 1 1 re the 2 If the 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe and atta AUGUS anization's , an heck reasc	ted States, check this box mption Number (GEN), ch a list with the names and TINs of ST 15, 2024 , to file return for: d ending SEP 30, 2023 on: Initial return	f this is fo all member the exem	r the whole g ers the exten npt organizati	roup, check this sion is for.
estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$0cBalance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c\$100Caution:If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment			, enter the	tentative tax, less	3a	\$	100
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 100 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 5 100							0
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment			•		0.	¢	100
	Caution:	If you are going to make an electronic funds withdrawal					

Form	990-T	E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))	<u></u>	つりつつ
		For cal	endar year 2022 or other tax year beginning OCT 1, 2022, and ending SEP 30, 20	<u>23</u> .	2022
Departr Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
B Exe	empt under section	Print	COLORADO PUBLIC TELEVISION	8	34-0723918
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1740		up exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code DENVER , CO 80201-1740	F [Check box if
		C Bo	ok value of all assets at end of year 11,855,167.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
НC	heck if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439		
		0	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
JΕ	nter the number of	attache	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	he books are in ca		KIM WHITE Telephone number	(303	3)296-1212
Par	t I Total Unr	relate	d Business Taxable Income		1
1			ss taxable income computed from all unrelated trades or businesses (see	1	708.
2	,			2	,
3	Add lines 1 and 2			3	708.
4			see instructions for limitation rules)		0.
			taxable income before net operating losses. Subtract line 4 from line 3	-	708.
6			ng loss. See instructions	·	
7		•	ss taxable income before specific deduction and section 199A deduction.	Ť	
•	Subtract line 6 fro		•	7	708.
8			ally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		,
10	Total deductions	. Add lii		10	1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		· · · · · · · · · · · · · · · · · · ·	11	0.
Par	t II Tax Com	putati		•	
1	Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio		3	
4	Other tax amounts	s. See ii		4	
5	Alternative minimu	um tax (5	
6	Tax on noncomp	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2022)

Form 0	90-T (2022)			D	
Part				Г	age 2
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions)				
c	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
e	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2			0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
Ŭ	Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
•	section 1294. Enter tax amount here	4			0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			0.
6a	Payments: A 2021 overpayment credited to 2022				
b	2022 estimated tax payments. Check if section 643(g) election applies 6b				
c	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
e	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
5	Form 4136 Other Total 6g				
7	Total payments. Add lines 6a through 6g	7		1(00.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		10	00.
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		10	00.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		L	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$				
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car		-		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
	Business Activity Code Available post-2017 NOL c	arryover			
	\$				
	\$				v
6a	Did the organization change its method of accounting? (see instructions)				X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," overlain in Part V				
Part	explain in Part V V Supplemental Information				
1 01 1					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Here	Under penalties of perju correct and frame-te. Lim White Signature of efficient	ury, I declare that I have examine Declaration of preparer (other the L 144EB	d this return, including a an taxpayer) is based on 8/14/20 Date	all information of which p	and statements, and to th reparer has any knowled, FFIN & N/TREASURI	ge.	May t the pr	and belief, it is true, he IRS discuss this return with eparer shown below (see ctions)? X Yes No
Paid	Print/Type prepa	arer's name	Preparer's signat	Preparer's signature		Check self- employ	if ed	PTIN
Preparer	. SARAH HI	SARAH HINTZ		NTZ	08/14/24			P00492291
Use Only		CLIFTONLARS	ONALLEN L	NALLEN LLP		Firm's EIN		41-0746749
		8390 EAST	CRESCENT	PARKWAY,	SUITE 300			
	Firm's address	GREENWOOD	VILLAGE,	CO 80111		Phone no.	(3	03) 779-5710
223711 01-16-3	23							Form 990-T (2022)
				51				

12500814 131839 A833910

-	-	-	-	 	_	_	-	_	

OMB No. 1545-0047

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

SCHEDULE A

(Form 990-T)

Department of the Treasury

Internal Revenue Service

Α	Name of the organization COLORADO PUBLIC TELEVISION		в	Employer identif $84 - 07239$		number	
с	Unrelated business activity code (see instructions)	531120	D	Sequence:	1	of	1

RENTAL OF DEBT FINANCED PROPERTY Describe the unrelated trade or business

ΕI	Describe the unrelated trade or business RENTAL OF DE	BT F	INANCED PROP	ERTY	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	1,177.	469.	708.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
<u>13</u>	Total. Combine lines 3 through 12	13	1,177.	469.	708.
			1,177.	469.	70

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1		
2	Salaries and wages			2	
3	Repairs and maintenance	3			
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		8,198.	8b	0.
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	708.
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	18	708.		
LHA	For Paperwork Reduction Act Notice, see instructions.			chedu	le A (Form 990-T) 2022

223741 01-16-23

Cobod						1
Part	LIE A (Form 990-T) 2022 III Cost of Goods Sold Enter met	hod of inventory valuati	ion			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8 9	Cost of goods sold. Subtract line 7 from line 6. Enter Do the rules of section 263A (with respect to property				8	Yes No
Part					tv)	
1	Description of property (property street address, city, s	•	-		- , /	
•	A					
	B					
	c 🗌					
	D					
		A	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	olumn (A)		0.
	Deductions directly connected with the income					
4	in lines 2(a) and 2(b) (attach statement)					
						0
5 Part	Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s		line 6, column (B)			0.
1	Description of debt-financed property (street address, or	· · · · · · · · · · · · · · · · · · ·	haak if a dual waa. Caa	instructions		
•	$\mathbf{A} \equiv 2900 \text{ WELTON ST UNT300, 1}$		80205	Instructions.		
	$\mathbf{B} \square$		00205			
	c 🗌					
	D					
		A	В	С		D
2	Gross income from or allocable to debt-financed					
	property	106,900.				
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement) STMT	3 8,198.				
b	Other deductions (attach statement) STMT 4	34,415.				
с	Total deductions (add lines 3a and 3b,					
	columns A through D)	42,613.				
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement) STMT	1 16,332.				
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement) STMT 2	1,483,889.				
6	Divide line 4 by line 5	1.101%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	1,177.				4 4
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)			1,177.
~		469.			<u> </u>	
9 10	Allocable deductions. Multiply line 3c by line 6	·	hon Dort Lline 7 octor	nn (P)		469.
10 11	Total allocable deductions. Add line 9, columns A the Total dividends-received deductions included in line					<u> </u>
223721 (chedule A	(Form 990-T) 2022
-20121 L	1-10-20	53		3	anequie A	u onn 990-1 <i>) 2022</i>

									1
Schedu	ule A (Form 990-T) 2022	ities, Royalties, and R	anta fran	n Control		appination	, , , ,	、	Page 3
Part	VI Interest, Annu	inties, Royalties, and Ro	ents fror	n Control		-		,	
	1. Name of controlled	d 2. Employer	3 Net	unrelated	1	al of specified	lled Organizatior 5. Part of colu		Deductions directly
	organization	identification		ne (loss)	1	nents made	that is included	in the	connected with
	Ũ	number	(see ins	structions)			controlling orgation tion's gross inc		ncome in column 5
(1)							dien e greee int		
(2)									
(3)									
(4)									
				Controlled O					
7	. Taxable Income	8. Net unrelated		otal of specif			of column 9 luded in the		eductions directly
		income (loss) (see instructions)	pa	yments mad	е	controlling	organization's		onnected with me in column 10
(1)		(000 monatonent)				gross	income		
(1) (2)									
(3)									
(4)									
			•			Add colum	ns 5 and 10.	Add o	olumns 6 and 11.
							and on Part I,		here and on Part I,
						line 8, c	column (A)		e 8, column (B)
Totals				<u></u>			0.		0.
Part		ncome of a Section 50)1(c)(7), (ee instructions)		
	1. Desc	ription of income	2. Amount of income				-asides 5. Total deduction tatement) and set-asides		
						(attach stater	•	latomony	(add cols 3 and 4)
(1)									-
(2)									
(3)									
(4)									
				Add amou column 2					Add amounts in column 5. Enter
				here and o					here and on Part I,
				line 9, colu	-				line 9, column (B)
Totals Part		· · · · · · · · · · · · · · · · · · ·	<u></u>		0.				0.
		xempt Activity Income	, Other I	nan Adve	ertisin	g income	see instructions)	
1	Description of exploite				- Devit I	line 10 eekun	- (0)		
2 3		ess income from trade or busi nected with production of unr						2	
3								3	
4		unrelated trade or business.						\vdash	
•								4	
5	•	tivity that is not unrelated bus						5	
6		to income entered on line 5						6	
7		ses. Subtract line 5 from line 6							
	4. Enter here and on P	art II, line 12			<u></u>			7	

Schedule A (Form 990-T) 2022

Junear	ıle A (Form 990-T) 2022				Page
Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two or n	nore periodicals on a c	consolidated basis.		
	A 🗌				
	в 🗌				
	c 🗌				
	D				
Enter a	mounts for each periodical listed above in the correspon	ding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I, line	e 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (B)			0.
u					
u					
4	Advertising gain (loss). Subtract line 3 from line				
	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain,				
	2. For any column in line 4 showing a gain,				
	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in				
	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
4	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs				
4	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
4 5 6	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs Circulation income				
4 5 6	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less				
4 5 6	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than				
4 5 6 7	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
4 5 6 7	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a				
4 5 6 7 8	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain on	ne line 8a, columns tot	al or zero here and	on	

1. Name	2. Title	3. Percentage of time devoted	 Compensation attributable to 				
		to business	unrelated business				
(1)		%					
(2)		%					
(3)		%					
(4)		%					
Total. Enter here and on Part II, line 1	0.						
Part XI Supplemental Information (see instructions)							

223732 01-16-23

COLORADO PUBLIC TELEVISION

FORM 990-T (A)	PART V - UNRELATED DEBT-FI	NANCED INCOME
	AVERAGE ACQUISITION	DEBT

STATEMENT 1

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
	1	OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		27,977. 25,889. 23,792. 21,686. 19,572. 17,449. 15,317. 13,177. 11,027. 8,868. 6,701. 4,524.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		195,979. 12
AVERAGE ACQUISITION DEBT		16,332.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A)	PART V - UNRELATEI	DEBT-FINANCED	INCOME	STATEMENT 2			
AVERAGE ADJUSTED BASIS							

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	Z
	1	- AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF Y		1,510,377. 1,457,400.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,483,889.
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

Docusign Envelope ID: C23E353C-E782-4E3F-A0B7-6C393A3D00B7

COLORADO PUBLIC TELEVISION

84-0723918

FORM 990-T (A) P	PART V - DEPRECIAT	ION DEDUCTION		STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	8,198.	8,198
TOTAL OF FORM 990-T, SC	CHEDULE A, PART V,	LINE 3(A)		8,198
FORM 990-T (A)	PART V - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
DESCRIPTION ACCOUNTING AND LEGAL ASSOCIATION DUES TAX INTEREST		AMOUNT 5,659. 27,471. 1,084. 201.	ALLOCABLE	ALLOCABLE
ACCOUNTING AND LEGAL ASSOCIATION DUES TAX INTEREST		5,659. 27,471. 1,084.	ALLOCABLE	ALLOCABLE

Docusign Envelope ID: C23E353C-E782-4E3F-A0B7-6C393A3D00B7

Form 4562		-	iation and					OMB No. 1545-0172	
	(Including Information on Listed Property) A DEBT 1 Attach to your tax return.								
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	rm4562 for instruc	tions and	the latest in	formation.		Attachment Sequence No. 179	
Name(s) shown on return	Identifying number								
COLORADO PUB								84-0723918	
Part I Election To Ex	pense Certain Property	y Under Section 17	79 Note: If you have	e any listed	property, co	omplete Part	V before yo		
1 Maximum amount (s	ee instructions)							1,080,000.	
2 Total cost of section	179 property place	d in service (see	instructions)						
3 Threshold cost of se	ection 179 property b	pefore reduction	in limitation				3	2,700,000.	
4 Reduction in limitation	on. Subtract line 3 fr	om line 2. If zero	or less, enter -0-				4		
5 Dollar limitation for tax year	. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing separat	ely, see instruc	ctions		5		
6	(a) Description of property (b) Cost (business use only) (c) Elected cost								
7 Listed property. Ent	er the amount from I	ine 29	I		7				
8 Total elected cost of	f section 179 proper						8		
9 Tentative deduction									
10 Carryover of disallow									
11 Business income lim									
12 Section 179 expens									
13 Carryover of disallov							12		
Note: Don't use Part II of					. 10				
	preciation Allowan			include lis	ted property	()			
14 Special depreciation	-		· · · · · · · · · · · · · · · · · · ·			-			
	-					-			
15 Property subject to									
16 Other depreciation (16		
MACKS D	epreciation (Don't i	nciude listed pro	. ,	,					
			Section						
17 MACRS deductions			0 0				17		
18 If you are electing to group			-		-	L			
	Section B - Assets I				•	al Deprecia	tion Syster	m	
(a) Classification	of property	(b) Month and year placed in service	(c) Basis for depreci (business/investmen only - see instruction	t use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property	1								
e 15-year property	/								
f 20-year property									
g 25-year property					25 yrs.		S/L		
<u> </u>		/			27.5 yrs.	ММ	S/L		
h Residential renta	al property	/			27.5 yrs.	MM	S/L		
		/				MM	S/L		
i Nonresidential r	eal property	/			39 yrs.	MM	S/L S/L		
	ction C - Assets PI	/ /	During 2022 Tax V	/oor Using	the Alterna				
20a Class life	Clion O - Assels Fi						S/L		
					12 yrs.		S/L S/L		
b 12-year		,			30 yrs.	N 4 N 4	S/L S/L		
c 30-year		· ·			,	MM			
d 40-year		/			40 yrs.	MM	S/L		
	(See instructions.)								
21 Listed property. Ent							21		
22 Total. Add amounts									
Enter here and on th	ne appropriate lines o	of your return. Pa	artnerships and S co	orporations	- see instr.		22	8,198.	
23 For assets shown at	pove and placed in s	ervice during the	e current year, enter	the					
portion of the basis					23				
216251 12-08-22 LHA FO	r Paperwork Reduc	tion Act Notice	, see separate5nSt	ructions.				Form 4562 (2022)	

12500814 131839 A833910

												~ 4	0	010	
	m 4562 (2022)		ORADO									84-	0723	918 F	Page 2
Pa	art V Listed Proper entertainment.				ner venic	les, ce	ertain aircra	aπ, and	a property	used to	r				
	Note: For any	vehicle for w	hich you are	using the	standar	d milea	age rate or	dedu	cting lease	e expens	e, comp	olete on	ly 24a,		
	24b, columns	\cdot	on and Othe	,		,				nits for r	assena	er autom	obiles)		
240	Do you have evidence to	•					Yes	_	24b If "Y						No
248		(b)	(c)				(e)		(f)		g)			Yes (<u> No</u> i)
	(a) Type of property (list vehicles first)	Date placed in service	Busines investme use percent	nt o	(d) Cost or ther basis	10	Basis for depre business/inve use only	stment	Recovery period	Met	ention	Depre	h) ciation iction	Elec section co	ted n 179
25	Special depreciation all	owance for q	ualified listed	d property	/ placed i	in serv	vice during	the ta	x year and						
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that	in 50% in a q	ualified busir	ness use:											
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ess in a quali	fied business	s use:								1			
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	n (i), line 26. E	Enter here an	d on line	7, page 1				<u></u>	<u></u>		<u></u>	29		
				Section	B - Infor	matio	n on Use	of Veh	icles						
Cor	mplete this section for ve	ehicles used	by a sole pro	prietor, p	artner, oi	r other	"more tha	ın 5% (owner," or	related	person.	If you pr	ovided v	vehicles	
to y	our employees, first ans	wer the ques	stions in Sec	tion C to s	see if you	ı meet	an except	ion to	completin	g this se	ction fo	r those v	ehicles.		
												 			
					(a)		(b)		(c)	(0	d)	(•	e)	(f)	
30	Total business/investment		0		hicle	V	/ehicle	V	ehicle	Veh	icle	Veh	icle	Vehi	cle
	year (don't include commu														
31	Total commuting miles	driven during	the year												
32	Total other personal (no	oncommuting) miles												
	driven														
33	Total miles driven durin Add lines 30 through 32														
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers W	ho Pr	ovide Veh	icles f	or Use by	Their E	mploye	es			
Ans	swer these questions to	determine if y	you meet an	exceptior	n to comp	oleting	Section B	for ve	hicles use	d by em	ployees	who a	ren't		
moi	re than 5% owners or rel	ated persons	3.												
37	Do you maintain a writte	en policy stat	tement that p	prohibits a	all person	al use	of vehicle	s, inclu	uding com	muting,	by your			Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	structions for	vehicles use	d by corp	orate off	icers, o	directors,	or 1%	or more o	wners					
39	Do you treat all use of v														
	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
Pa	art VI Amortization	, ,, '	, '	,											
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	f costs	D	ate amortization	1	Amortiz	zable	1	Code		Amortiza	tion	An	nortization	

Description of costs	Date amortization begins	Amortizable amount	Code section	Amortizat period or perc		Amortization for this year			
42 Amortization of costs that begins during your 2022 tax year:									
	: :								
43 Amortization of costs that began before your 2	43								
44 Total. Add amounts in column (f). See the inst		44							
216252 12-08-22						Form 4562 (2022)			