|   |                           | EXTENDED TO MAY 15, 2023  |                |                          |                             |
|---|---------------------------|---|----------------|--------------------------|-----------------------------|
| For                                     | " <b>9</b>                | <b>90</b> Return of Organization Exempt From<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (   |                |                          | OMB No. 1545-0047           |
| Deres                                   |                           | Do not enter social security numbers on this form as it may   | ay be made     | public.                  | Open to Public              |
| Interr                                  | nal Reve                  | nue Service Go to www.irs.gov/Form990 for instructions and the lat  |                |                          | Inspection                  |
| AF                                      | or th                     | e 2021 calendar year, or tax year beginning $JUL 1$ , $2021$ and ending   | JUN 3          | 0, 2022                  |                             |
| <b>B</b> a                              | heck if pplicab           |   | D Em           | ployer identific         | ation number                |
|   | Addre<br>chang            | HODDEN  |                | 3-280981                 | 5                           |
|   | _chang<br>Initial         |   | _              | phone number             |                             |
|   | _returr<br>Final          | PO BOX 17   |                | 15 - 721 - 2             | 2141                        |
|   | ⊥returr<br>termii<br>ated |   |                | s receipts \$            | 2,171,368.                  |
|   | Amer                      |   |                | this a group ret         |                             |
|   | Appli<br>tion             | F Name and address of principal officer: CHARLES W LOUGHERY   |                | r subordinates?          |                             |
|   | pend                      | <sup>ng</sup> 1186 SUMNEYTOWN PIKE, HARLEYSVILLE, PA 19   |                |                          | cluded? Yes No              |
|   |                           | empt status: 🗴 501(c)(3) 🛄 501(c) (         )◀ (insert no.) 🛄 4947(a)(1) or 🛄 5   |                |                          | ist. See instructions       |
|   |                           | te: ▶ WWW.WORDFM.ORG  |                | roup exemption           |                             |
| κF                                      | orm o                     | organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 🛛 L Y   | ear of format  | ion: 1994 <mark>M</mark> | State of legal domicile: PA |
| Pa                                      | art I                     | Summary   |                |                          |                             |
| ø                                       | 1                         | Briefly describe the organization's mission or most significant activities: NON-COMM  | ERCIAL         | EDUCATI                  | IONAL RADIO                 |
| Governance                              |                           | BROADCASTING.   |                |                          |                             |
| ern                                     | 2                         | Check this box 🕨 🛄 if the organization discontinued its operations or disposed of m   | ore than 25    | 1 1                      |                             |
| Š                                       | 3                         | Number of voting members of the governing body (Part VI, line 1a)   |                |                          | 8                           |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4                         | Number of independent voting members of the governing body (Part VI, line 1b)   |                |                          | 4                           |
| Activities &                            | 5                         | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  |                |                          | 10                          |
| tivi                                    | 6                         | Total number of volunteers (estimate if necessary)  |                |                          | 8<br>0.                     |
| Ac                                      |                           | Total unrelated business revenue from Part VIII, column (C), line 12  |                |                          | 0.                          |
|   | d                         | Net unrelated business taxable income from Form 990-T, Part I, line 11  |                |                          |                             |
|   | 8                         | Contributions and grants (Part VIII, line 1h)   |                | r Year<br>23,122.        | Current Year<br>1,566,295.  |
| anı                                     | 9                         |   |                | 32,345.                  | 86,860.                     |
| Revenue                                 |                           | Program service revenue (Part VIII, line 2g)<br>Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                | 05,841.                  | 150,215.                    |
| å                                       |                           | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                | 12,514.                  | 41,151.                     |
|   | 12                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 2,2            | 73,822.                  | 1,844,521.                  |
|   |                           | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | . –            | 0.                       | 0.                          |
|   |                           | Benefits paid to or for members (Part IX, column (A), line 4)   |                | 0.                       | 0.                          |
| ŝ                                       |                           |   | 7              | 78,935.                  | 878,285.                    |
| Expenses                                | 16a                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         ▶       263, 411. |                | 0.                       | 0.                          |
| be                                      | b                         | Total fundraising expenses (Part IX, column (D), line 25) > 263, 411.   |                |                          |                             |
| ш                                       | 17                        | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                | 91,503.                  | 877,110.                    |
|   | 18                        | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                | 70,438.                  | 1,755,395.                  |
|   | 19                        | Revenue less expenses. Subtract line 18 from line 12  | 7              | 03,384.                  | 89,126.                     |
| s or                                    |                           |   | Beginning o    | of Current Year          | End of Year                 |
| sset                                    | 20                        | Total assets (Part X, line 16)  |                | 12,282.                  | 5,233,396.                  |
| Net Assets or<br>Fund Balances          | 21                        | Total liabilities (Part X, line 26)   |                | 07,455.                  | 305,923.                    |
|   |                           | Net assets or fund balances. Subtract line 21 from line 20  | 5,2            | 04,827.                  | 4,927,473.                  |
|   | art II                    | •   |                | 4- 4b - b - 1 - 6        | Includes an III II C. 11    |
|   |                           | Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta  |                | -                        | knowledge and belief, it is |
| true                                    | , corre                   | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare   | arer has any l | knowledge.               |                             |
|   |                           |   |                |                          |                             |

| Sign<br>Here                              | Signature of officer<br>CHARLES W LOUGHERY, PR                                  | Date                 |                                  |  |  |  |  |  |
|---|---|----------------------|----------------------------------|--|--|--|--|--|
|   | Type or print name and title  |                      |                                  |  |  |  |  |  |
|   | Print/Type preparer's name  | Preparer's signature | Date Check PTIN                  |  |  |  |  |  |
| Paid                                      | JULIA L. DAVIS  | JULIA L. DAVIS       | 02/10/23 self-employed P00163568 |  |  |  |  |  |
| Preparer                                  | Firm's name DUNLAPSLK, PC   |                      | Firm's EIN ▶ 23-3018514          |  |  |  |  |  |
| Use Only                                  | Firm's address 1300 HORIZON DRI   | VE, SUITE 106        |                                  |  |  |  |  |  |
| CHALFONT, PA 18914 Phone no. 267-594-3755 |   |                      |                                  |  |  |  |  |  |
| May the IF                                | May the IRS discuss this return with the preparer shown above? See instructions |                      |                                  |  |  |  |  |  |
|   |   |                      |                                  |  |  |  |  |  |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

|    | 1 990 (2021)FOUR RIVERS COMMUNITY BROADCASTING CORP23-2809815Page 2  |
|----|--|
| Pa | rt III Statement of Program Service Accomplishments  |
|    | Check if Schedule O contains a response or note to any line in this Part III   |
| 1  | Briefly describe the organization's mission:   |
|    | NON-COMMERCIAL EDUCATIONAL RADIO BROADCASTING.   |
|    |  |
|    |  |
|    |  |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|    | prior Form 990 or 990-EZ? Yes X No   |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                 |
|    | 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 \$ 1,122,049. including grants of \$ ) (Revenue \$ 245,153.)  |
|    | PROVIDE 24 HOUR NON-COMMERCIAL EDUCATIONAL RADIO BROADCASTS, INCLUDING   |
|    | RELIGIOUS MUSIC, TO THOUSANDS OF GENERAL PUBLIC LISTENERS.   |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
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| 4d | Other program services (Describe on Schedule O.)   |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses ► 1,122,049.  |

|         |  |            | Yes | No   |
|---------|--|------------|-----|------|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            |     |      |
|         | If "Yes," complete Schedule A  | 1          | Х   |      |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2          | Х   |      |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |            |     |      |
|         | public office? If "Yes," complete Schedule C, Part I   | 3          |     | X    |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |     | 37   |
| _       | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |     | X    |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5          |     | х    |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |            |     |      |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |     | Х    |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |     |      |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | X    |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8          |     | х    |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |            |     |      |
|         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |     |      |
|         | If "Yes," complete Schedule D, Part IV   | 9          |     | X    |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |            |     | 37   |
|         | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10         |     | X    |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |            |     |      |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            |     |      |
|         | Part VI  | 11a        | Х   |      |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                           | 11b        |     | х    |
| с       | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |            |     |      |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |     | х    |
| d       | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |            |     |      |
|         | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        | Х   |      |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        | Х   |      |
| f       | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |            |     |      |
|         | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        | Х   |      |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a        | x   |      |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year?  |            |     |      |
|         | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        |     | Х    |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |     | Х    |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | Х    |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |     |      |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |            |     |      |
|         | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | X    |
| 15      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>                       | 15         |     | х    |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |            |     |      |
|         | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | X    |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |            |     |      |
|         | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17         |     | X    |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            |     | v    |
|         | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |     | X    |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |            |     | v    |
| 20-     | complete Schedule G, Part III  | 19<br>20a  |     | X    |
|         | If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20a<br>20b |     | - 11 |
| ט<br>21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200        |     |      |
|         | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | х    |

| Form  | aan | (2021) |
|-------|-----|--------|
| FUIII | 990 | (2021) |

|      |  |      | Yes | No       |
|------|--|------|-----|----------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                  |      |     |          |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |     | X        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current    |      |     |          |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                 |      |     |          |
|      | Schedule J   | 23   | Х   |          |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the        |      |     |          |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete             |      |     |          |
|      | Schedule K. If "No," go to line 25a  | 24a  |     | X        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                              | 24b  |     |          |
| с    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease           |      |     |          |
|      | any tax-exempt bonds?  | 24c  |     |          |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                        | 24d  |     |          |
|      | 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        |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                | 28b  |     | X        |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If                        | 200  |     |          |
| •    | "Yes," complete Schedule L, Part IV  | 28c  |     | x        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                       | 29   |     | X        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation    |      |     |          |
|      | contributions? If "Yes," complete Schedule M   | 30   |     | x        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I             | 31   |     | X        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | 01   |     |          |
| 0L   | Schedule N, Part II  | 32   |     | x        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                     | 02   |     |          |
|      | 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      |      |     |          |
|      |  | 34   |     | x        |
| 35 - | Part V, line 1<br>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      | 004  |     | <u> </u> |
|      | 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?     | 000  |     |          |
|      | 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               | 00   |     |          |
| 0.   | 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?                 | - 57 |     | <u> </u> |
|      | Note: All Form 990 filers are required to complete Schedule O  | 38   | х   |          |
| Par  | t V Statements Regarding Other IRS Filings and Tax Compliance  | 55   |     | L        |
|      | Check if Schedule O contains a response or note to any line in this Part V   |      |     |          |
|      |  |      | Yes | No       |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23   |      |     |          |
| b    |  |      |     |          |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming             |      |     |          |
| 2    | (gambling) winnings to prize winners?  | 1c   |     |          |
|      |  |      |     | •        |

| 021)         | FOUR     | RIVERS     | COMMUNITY        | BROADCASTING          | CORP |
|--------------|----------|------------|------------------|-----------------------|------|
| Statements I | Regardin | g Other IR | S Filings and Ta | ax Compliance (contin | ued) |

|          |   |          | 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 10   |          |     |          |  |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | X   |          |  |  |
| _        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.   |          |     |          |  |  |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |     | X        |  |  |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b       |     |          |  |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                 | 4-       |     | x        |  |  |
| h        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     |          |  |  |
| D        | 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        |  |  |
|          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |     |          |  |  |
| 6a       |   |          |     |          |  |  |
|          | any contributions that were not tax deductible as charitable contributions?   | 6a       |     | x        |  |  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                                      |          |     |          |  |  |
|          | were not tax deductible?  | 6b       |     |          |  |  |
| 7        |   |          |     |          |  |  |
| а        | 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?           | 7a       |     | X        |  |  |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     |          |  |  |
| с        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 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<br>7f |     | X        |  |  |
| f        | 5 , 5 , 1 , 1   |          |     |          |  |  |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                          | 7g<br>7h |     |          |  |  |
| h        |   |          |     |          |  |  |
| 8        |   |          |     |          |  |  |
| 9        | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.              | 8        |     |          |  |  |
| a        |   |          |     |          |  |  |
| b        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a<br>9b |     |          |  |  |
| 10       | Section 501(c)(7) organizations. Enter:   |          |     |          |  |  |
| а        | Initiation fees and capital contributions included on Part VIII, line 12 10a  |          |     |          |  |  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |          |     |          |  |  |
| 11       | Section 501(c)(12) organizations. Enter:  |          |     |          |  |  |
| а        | Gross income from members or shareholders 11a   |          |     |          |  |  |
| b        | Gross income from other sources. (Do not net amounts due or paid to other sources against   |          |     |          |  |  |
|          | amounts due or received from them.)   |          |     |          |  |  |
|          | 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 12b   |          |     |          |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 40       |     |          |  |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |          |  |  |
| h        | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |          |     |          |  |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans |          |     |          |  |  |
| ~        | organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c                                 |          |     |          |  |  |
|          | 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      |     | <u> </u> |  |  |
| 15<br>15 |   |          |     |          |  |  |
|          | excess parachute payment(s) during the year?  |          |     |          |  |  |
|          | If "Yes," see the instructions and file Form 4720, Schedule N.  |          |     |          |  |  |
| 16       |   |          |     | X        |  |  |
|          | If "Yes," complete Form 4720, Schedule O.   |          |     |          |  |  |
| 17       | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.   |          |     |          |  |  |

Form 990 (2021)
Part V Sta

#### FOUR RIVERS COMMUNITY BROADCASTING CORP

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

| Check if Schedule O contains a response or note to any line in this Part VI                 | <br> |     | X  |
|---|------|-----|----|
| Section A. Governing Body and Management  |      |     |    |
|   |      | Yes | No |
| <b>1</b> . Enter the number of voting members of the governing body at the and of the tax y | 8    |     |    |

| Id  | Enter the number of voting members of the governing body at the end of the tax year                              | Id                   |   |    |   |   |
|-----|--|----------------------|---|----|---|---|
|     | If there are material differences in voting rights among members of the governing body, or if the governing      |                      |   |    |   |   |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.            |                      |   |    |   |   |
| b   | Enter the number of voting members included on line 1a, above, who are independent                               | 1b                   | 4 |    |   |   |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi         | p with any other     |   |    |   |   |
|     | officer, director, trustee, or key employee?   |                      |   | 2  | Х |   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the               | e direct supervision |   |    |   |   |
|     | of officers, directors, trustees, or key employees to a management company or other person?                      |                      |   | 3  |   | Х |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? |                      |   |    |   |   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?       |                      |   |    |   | Х |
| 6   | Did the organization have members or stockholders?   |                      |   | 6  |   | Х |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a                | ppoint one or        |   |    |   |   |
|     | more members of the governing body?  |                      |   | 7a |   | Х |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s              | stockholders, or     |   |    |   |   |
|     | persons other than the governing body?   |                      |   | 7b |   | Х |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ar by the following: |   |    |   |   |
| а   | The governing body?  |                      |   | Ba | Х |   |
| b   | Each committee with authority to act on behalf of the governing body?  |                      |   | 3b | Х |   |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea        | ached at the         |   |    |   |   |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                          | <u></u>              |   | 9  |   | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R              | evenue Code.)        |   |    |   |   |

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a |     | X  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |     |     |    |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                              | 10b |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | Х   |    |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                |     |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                      | 12a | Х   |    |
| b   |  | 12b | Х   |    |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe           |     |     |    |
|     | on Schedule O how this was done  | 12c | Х   |    |
| 13  | Did the organization have a written whistleblower policy?  | 13  |     | Х  |
| 14  | Did the organization have a written document retention and destruction policy?   | 14  |     | Х  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent           |     |     |    |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                            |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a | Х   |    |
| b   | Other officers or key employees of the organization  | 15b |     | Х  |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a        |     |     |    |
|     | taxable entity during the year?  | 16a |     | Х  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation |     |     |    |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's               |     |     |    |
|     | exempt status with respect to such arrangements?   | 16b |     |    |
| Sec | tion C. Disclosure   |     |     |    |
| 17  | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$                          |     |     |    |
|     |  |     |     |    |

| 18 | Section 6104 requires  | an organization to make its F | orms 1023 (1024 or 1024-    | A, if applicable), 990, and 990-T (section 5 | 01(c)(3)s only) available |
|----|------------------------|-------------------------------|-----------------------------|--|---------------------------|
|    | for public inspection. | Indicate how you made these   | available. Check all that a | pply.  |                           |
|    | Own website            | Another's website             | X Upon request              | Other (explain on Schedule O)                |                           |

| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial |
|----|---|
|    | statements available to the public during the tax year.   |

| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | • |
|----|--|---|
|    | NANCY LOUGHERY - 215-721-2141  |   |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

| (A)                      | (B)                    | (C)                            |   | (D)     | (D) (E)      |  |           |                     |                                  |                          |
|--------------------------|------------------------|--------------------------------|---|---------|--------------|--|-----------|---------------------|----------------------------------|--------------------------|
| Name and title           | Average                | (do                            | Position<br>(do not check more than one |         | Reportable   | Reportable                               | Estimated |                     |                                  |                          |
|                          | hours per              | box                            | , unle                                  | ss pe   | rson         | is bot<br>pr/trus                        | h an      | compensation        | compensation                     | amount of                |
|                          | week                   |                                |   |         |              | 1/ |           | from                | from related                     | other                    |
|                          | (list any<br>hours for | irecto                         |   |         |              |  |           | the<br>organization | organizations<br>(W-2/1099-MISC/ | compensation<br>from the |
|                          | related                | e or d                         | stee                                    |         |              | Isated                                   |           | (W-2/1099-MISC/     | 1099-NEC)                        | organization             |
|                          | organizations          | truste                         | al trus                                 |         | yee          | mper                                     |           | 1099-NEC)           | 1000 1120)                       | and related              |
|                          | below                  | Individual trustee or director | In stitutional trustee                  | 5       | Key employee | Highest compensated<br>employee          | er        | ,                   |                                  | organizations            |
|                          | line)                  | Indiv                          | Instit                                  | Officer | Keye         | High<br>empl                             | Form      |                     |                                  |                          |
| (1) DAVID W BAKER        | 40.00                  |                                |   |         |              |  |           |                     |                                  |                          |
| TRUSTEE/VICE PRESIDENT   |                        | X                              |   | Х       |              |  |           | 154,599.            | 0.                               | 41,562.                  |
| (2) CHARLES W. LOUGHERY  | 40.00                  |                                |   |         |              |  |           |                     |                                  |                          |
| TRUSTEE/PRESIDENT        |                        | Х                              |   | Х       |              |  |           | 126,962.            | 0.                               | 11,961.                  |
| (3) NANCY LOUGHERY       | 35.00                  |                                |   |         |              |  |           |                     |                                  |                          |
| TRUSTEE/TREASURER        |                        | X                              |   | Х       |              |  |           | 59,115.             | 0.                               | 0.                       |
| (4) LAWRENCE H. LOUGHERY | 30.00                  |                                |   |         |              |  |           |                     | _                                |                          |
| SECRETARY                |                        | Х                              |   | Х       |              |  |           | 50,455.             | 0.                               | 4,751.                   |
| (5) CHARLES C. LOUGHERY  | 5.00                   |                                |   |         |              |  |           |                     |                                  |                          |
| TRUSTEE                  |                        | X                              |   |         |              |  |           | 18,354.             | 0.                               | 0.                       |
| (6) DENNIS GRAFTON       | 5.00                   |                                |   |         |              |  |           |                     |                                  |                          |
| DIRECTOR                 | <b>_</b>               | X                              |   |         |              |  |           | 0.                  | 0.                               | 0.                       |
| (7) JANE KRUPP           | 5.00                   |                                |   |         |              |  |           |                     | 0                                | •                        |
| DIRECTOR                 | <b>_</b>               | X                              |   |         |              |  |           | 0.                  | 0.                               | 0.                       |
| (8) AL RICHTER           | 5.00                   |                                |   |         |              |  |           |                     | 0                                | 0                        |
| DIRECTOR                 |                        | X                              |   |         |              |  |           | 0.                  | 0.                               | 0.                       |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        | <u> </u>                       |   |         |              |  | <u> </u>  |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        | 1                              |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |
|                          |                        |                                |   |         |              |  |           |                     |                                  |                          |

|     |   |  |                                |                       |                                     |                         |                                 |        | CASTING CORP  |  | 098   | 15                     | Pag   | e <b>8</b> |
|-----|---|--|--------------------------------|-----------------------|-------------------------------------|-------------------------|---------------------------------|--------|---|--|-------|------------------------|---|------------|
| Par | t VII Section A. Officers, Directors, Trust   | tees, Key Em   | ploy                           | ees                   | , and                               | d Hi                    | ghe                             | st (   | Compensated Employe                                 | es (continued)   |       |                        |   |            |
|     | <b>(A)</b><br>Name and title  | (B)<br>Average<br>hours per<br>week                                  | box<br>offic                   | not c<br>, unle       | Posi<br>heck i<br>ss per<br>id a di | ition<br>more<br>rson i | than<br>is bot                  | h an   | from  | <b>(E)</b><br>Reportable<br>compensation<br>from related |       | Estir<br>amo           | <b>F)</b><br>mated<br>unt of<br>her                 |            |
|     |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                             | Key employee            | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC<br>1099-NEC)             | ;/    | fror<br>orgar<br>and i | ensation<br>n the<br>nization<br>related<br>ization | n<br>d     |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
| 1b  | Subtotal  |  |                                |                       |                                     |                         |                                 |        | 409,485.  |  | 0.    | 58                     | ,27   |            |
|     | Total from continuation sheets to Part VII  |  |                                |                       |                                     |                         |                                 |        | 0. 409,485.   |  | 0.    | 58                     | ,27   | 0.         |
| 2   | Total (add lines 1b and 1c)   |  |                                |                       |                                     |                         |                                 |        | -   |  | ••    |                        | / _ /   | 2          |
|     | compensation from the organization  |  |                                |                       |                                     |                         |                                 |        |   |  |       | ΤY                     | es I  | ⊿<br>No    |
| 3   | Did the organization list any <b>former</b> officer,<br>line 1a? If "Yes," complete Schedule J for su |  |                                |                       |                                     |                         |                                 |        |   |  |       | 3                      |   | x          |
| 4   | For any individual listed on line 1a, is the su and related organizations greater than \$150          | m of reportab  | le co                          | omp                   | ensa                                | atior                   | n and                           | d ot   | her compensation from                               |  |       |                        | x   |            |
| 5   | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>     | ccrue comper   | nsat                           | ion f                 | rom                                 | any                     | / unr                           | elat   | ted organization or indiv                           |  |       | 5                      |   | x          |
| Sec | tion B. Independent Contractors   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
| 1   | Complete this table for your five highest con<br>the organization. Report compensation for t          | -  | -                              |                       |                                     |                         |                                 |        |   |  | ensat |                        | m   |            |
|     | (A)<br>Name and business  | address  | NC                             | ONI                   | 3                                   |                         |                                 |        | <b>(B)</b><br>Description of s                      | services   | Cor   | (C)<br>npens           | ation   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
|     |   |  |                                |                       |                                     |                         |                                 |        |   |  |       |                        |   |            |
| 2   | Total number of independent contractors (ir \$100,000 of compensation from the organiz                | e e  | ot lii                         | mite                  | d to                                |                         | se li:                          | steo   | d above) who received n                             | nore than  |       |                        |   |            |

|   |      |        | 2021) FOUR RIVERS C  | COMMUNITY               | BROADCAST            | ING CORP                                     | 23-2809   | 815 Page 9       |
|---|------|--------|--|-------------------------|----------------------|--|-----------|------------------|
| Pa  | rt V | /      |  |                         |                      |  |           |                  |
|   |      |        | Check if Schedule O contains a response                                    | or note to any lin      | e in this Part VIII  | ( <b>D</b> )                                 | (0)       |                  |
|   |      |        |  |                         | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | Unrelated | Revenue excluded |
| ts  | 1    | а      | Federated campaigns 1a   |                         |                      |  |           |                  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |        | Membership dues 1b   |                         |                      |  |           |                  |
| An C  |      |        | Fundraising events 1c  |                         |                      |  |           |                  |
| ar,   |      |        | Related organizations 1d   |                         |                      |  |           |                  |
| is, (   |      | е      | Government grants (contributions)  |                         |                      |  |           |                  |
| r S   |      | f      | All other contributions, gifts, grants, and                                |                         |                      |  |           |                  |
| , the   |      |        | similar amounts not included above 1f 1 ,                                  | ,566,295.               |                      |  |           |                  |
| a de  |      | -      | Noncash contributions included in lines 1a-1f                              |                         |                      |  |           |                  |
| a Ö   |      | h      | Total. Add lines 1a-1f   | 1                       | 1,566,295.           |  |           |                  |
|   |      |        |  | Business Code           |                      |  |           |                  |
| ice   |      |        | PUBLIC SERVICE ANNOUNC   | 515111                  | 86,860.              | 86,860.                                      |           |                  |
| ue v  |      | b      |  |                         |                      |  |           |                  |
| с на<br>Келок   |      | c      |  |                         |                      |  |           |                  |
| Program Service<br>Revenue                                |      | d      |  |                         |                      |  |           |                  |
| Pro   |      | e<br>f | All other program convice revenue  |                         |                      |  |           |                  |
|   |      | f      | All other program service revenue<br>Total. Add lines 2a-2f                |                         | 86,860.              |  |           |                  |
|   | 3    | 9      | Investment income (including dividends, inter-                             |                         | ,                    |  |           |                  |
|   | Ū    |        | other similar amounts)   |                         | 33,073.              |  |           | 33,073.          |
|   | 4    |        | Income from investment of tax-exempt bond                                  |                         |                      |  |           | ,                |
|   | 5    |        | Royalties  | · · · ·                 |                      |  |           |                  |
|   |      |        | (i) Real   | (ii) Personal           |                      |  |           |                  |
|   | 6    | а      | Gross rents  |                         |                      |  |           |                  |
|   |      |        | Less: rental expenses 6b 0.  |                         |                      |  |           |                  |
|   |      | с      | Rental income or (loss) 6c 7,444.  | •                       |                      |  |           |                  |
|   |      | d      | Net rental income or (loss)  | ►                       | 7,444.               | 7,444.                                       |           |                  |
|   | 7    | а      | Gross amount from sales of (i) Securities                                  | (ii) Other              |                      |  |           |                  |
|   |      |        | assets other than inventory <b>7a 443</b> , <b>989</b> .                   | •                       |                      |  |           |                  |
| đ   |      | b      | Less: cost or other basis  |                         |                      |  |           |                  |
| evenue  |      |        | and sales expenses <b>7b</b> 326,847.<br>Gain or (loss) <b>7c</b> 117,142. |                         |                      |  |           |                  |
| leve  |      |        |  |                         | 117,142.             | 117,142.                                     |           |                  |
| Other R   |      |        | Net gain or (loss)   | ····· ►                 | 11/,142.             | 11/,142.                                     |           |                  |
| Ţ   | ð    | а      | Gross income from fundraising events (not including \$ of                  |                         |                      |  |           |                  |
| U   |      |        | including \$ of contributions reported on line 1c). See                    |                         |                      |  |           |                  |
|   |      |        | Part IV, line 18   |                         |                      |  |           |                  |
|   |      | b      | Less: direct expenses  |                         |                      |  |           |                  |
|   |      |        | Net income or (loss) from fundraising events                               | ►                       |                      |  |           |                  |
|   |      |        | Gross income from gaming activities. See                                   |                         |                      |  |           |                  |
|   |      |        | Part IV, line 19 9a  |                         |                      |  |           |                  |
|   |      | b      | Less: direct expenses 9b   |                         |                      |  |           |                  |
|   |      | с      | Net income or (loss) from gaming activities                                | ►                       |                      |  |           |                  |
|   | 10   | а      | Gross sales of inventory, less returns                                     |                         |                      |  |           |                  |
|   |      |        | and allowances 10a   |                         |                      |  |           |                  |
|   |      |        | Less: cost of goods sold 10k   | -                       |                      |  |           |                  |
|   |      | С      | Net income or (loss) from sales of inventory                               |                         |                      |  |           |                  |
| sn  |      |        | CONCERTS   | Business Code<br>515111 | 33,707.              | 33,707.                                      |           |                  |
| oeu   | 11   |        | CONCERTS   | 515111                  | 33,101.              |  |           |                  |
| ven   |      | b      |  |                         |                      |  |           |                  |
| Miscellaneous<br>Revenue                                  |      | с<br>С | All other revenue  |                         |                      |  |           |                  |
| Σ   |      |        | Total. Add lines 11a-11d   |                         | 33,707.              |  |           |                  |
|   | 12   | -      | Total revenue. See instructions  |                         | 1,844,521.           | 245,153.                                     | 0.        | 33,073.          |

Part IX Statement of Functional Expenses

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

|        | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|--------|--|-----------------------|---|--|---------------------------------------|
| 1      | Grants and other assistance to domestic organizations<br>and domestic governments. See Part IV, line 21  |                       |   |  | ·                                     |
| 2      | Grants and other assistance to domestic  |                       |   |  |                                       |
| 3      | individuals. See Part IV, line 22<br>Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16                                  |                       |   |  |                                       |
| 4      | Benefits paid to or for members  |                       |   |  |                                       |
| 5      | Compensation of current officers, directors, trustees, and key employees   | 486,302.              | 374,020.                                  | 112,282.   |                                       |
| 6      | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |   |  |                                       |
| 7      | Other salaries and wages   | 360,526.              | 64,264.                                   | 161,087.   | 135,175                               |
| 8      | Pension plan accruals and contributions (include   | 4 995                 | 4 005                                     |  |                                       |
| _      | section 401(k) and 403(b) employer contributions)  | 4,035.<br>6,350.      | 4,035.<br>6,350.                          |  |                                       |
| 9      | Other employee benefits  | 6,350.                | 6,350.                                    | 1 002  | 0 196                                 |
| 10     | Payroll taxes  | 21,072.               | 0,003.                                    | 4,983.   | 9,486                                 |
| 11     | Fees for services (nonemployees):  |                       |   |  |                                       |
| a<br>⊾ | Management   | 10,617.               | 10,617.                                   |  |                                       |
|        |  | 18,430.               | 10,017.                                   | 18,430.  |                                       |
|        | Accounting   | 10,450.               |   | 10,4500  |                                       |
| u<br>e | Lobbying<br>Professional fundraising services. See Part IV, line 17  |                       |   |  |                                       |
| f      | Investment management fees   | 16,836.               |   | 16,836.  |                                       |
| a      | Other. (If line 11g amount exceeds 10% of line 25,   |                       |   |  |                                       |
| 9      | column (A), amount, list line 11g expenses on Sch O.)  | 95,094.               | 62,511.                                   |  | 32,583                                |
| 12     | Advertising and promotion  | 103,630.              | 17,463.                                   |  | 32,583<br>86,167                      |
| 13     | Office expenses  | 79,320.               | 41,880.                                   | 37,440.  |                                       |
| 14     | Information technology   |                       |   |  |                                       |
| 15     | Royalties  |                       |   |  |                                       |
| 16     | Occupancy  | 220,122.              | 214,492.                                  | 5,630.   |                                       |
| 17     | Travel   | 19,444.               | 17,499.                                   | 1,945.   |                                       |
| 18     | Payments of travel or entertainment expenses   |                       |   |  |                                       |
|        | for any federal, state, or local public officials  |                       |   |  |                                       |
| 19     | Conferences, conventions, and meetings   |                       |   |  |                                       |
| 20     | Interest   | 12,105.               | 10,895.                                   | 1,210.   |                                       |
| 21     | Payments to affiliates   | <u> </u>              |   | 0 700  |                                       |
| 22     | Depreciation, depletion, and amortization  | 68,083.               | 65,303.                                   | 2,780.   |                                       |
| 23     |  | 14,625.               | 7,313.                                    | 7,312.   |                                       |
| 24     | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                       |   |  |                                       |
| а      | PROGRAMMING SERVICES   | 103,527.              | 103,527.                                  |  |                                       |
| b      | MISSION SERVICES   | 40,780.               | 40,780.                                   |  |                                       |
| с      | FEES AND LICENSES  | 37,768.               | 37,768.                                   |  |                                       |
| d      | EQUIPMENT  | 31,157.               | 31,157.                                   |  |                                       |
| е      | All other expenses   | 5,572.                | 5,572.                                    |  | 000 414                               |
| 25     | Total functional expenses. Add lines 1 through 24e   | 1,755,395.            | 1,122,049.                                | 369,935.   | 263,411                               |
| 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)   |                       |   |  | Eorm <b>990</b> (202                  |

| FOUR RIVERS COMMUNITY BROADCASTIN | G CORP |
|-----------------------------------|--------|
|-----------------------------------|--------|

23-2809815 Page 11

| га                          |     | Balance Sheet  |            |                     |                                 |     |                           |
|-----------------------------|-----|--|------------|---------------------|---------------------------------|-----|---------------------------|
|                             |     | Check if Schedule O contains a response or not       | e to any   | line in this Part X |                                 |     |                           |
|                             |     |  |            |                     | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                          |            |                     | 216,250.                        | 1   | 211,436.                  |
|                             | 2   | Savings and temporary cash investments               |            |                     | 265,740.                        | 2   | 95,838.                   |
|                             | 3   | Pledges and grants receivable, net                   |            |                     | 255,460.                        | 3   | 161,285.                  |
|                             | 4   | Accounts receivable, net                             |            |                     |                                 | 4   |                           |
|                             | 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    | se perso   | ns                  |                                 | 5   |                           |
|                             | 6   | Loans and other receivables from other disquali      | fied pers  | sons (as defined    |                                 |     |                           |
|                             |     | under section 4958(f)(1)), and persons described     | d in sect  | ion 4958(c)(3)(B)   |                                 | 6   |                           |
| ts                          | 7   | Notes and loans receivable, net                      |            |                     | 9,941.                          | 7   | 0.                        |
| Assets                      | 8   | Inventories for sale or use                          |            |                     |                                 | 8   |                           |
| Ä                           | 9   | Prepaid expenses and deferred charges                |            |                     |                                 | 9   |                           |
|                             | 10a | Land, buildings, and equipment: cost or other        |            |                     |                                 |     |                           |
|                             |     | basis. Complete Part VI of Schedule D                | 10a        | 2,028,578.          |                                 |     |                           |
|                             | b   | Less: accumulated depreciation                       | 10b        | 1,043,469.          | 1,042,752.                      | 10c | 985,109.                  |
|                             | 11  | Investments - publicly traded securities             |            |                     | 1,864,487.                      | 11  | 1,511,083.                |
|                             | 12  | Investments - other securities. See Part IV, line 1  | 11         |                     |                                 | 12  |                           |
|                             | 13  | Investments - program-related. See Part IV, line     | 11         |                     |                                 | 13  |                           |
|                             | 14  | Intangible assets                                    |            |                     |                                 | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11                   |            |                     | 2,257,652.                      | 15  | 2,268,645.                |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa      | al line 33 | 3)                  | 5,912,282.                      | 16  | 5,233,396.                |
|                             | 17  | Accounts payable and accrued expenses                |            |                     | 116,286.                        | 17  | 155,392.                  |
|                             | 18  | Grants payable                                       |            |                     |                                 | 18  |                           |
|                             | 19  | Deferred revenue                                     |            |                     | 2,905.                          | 19  | 2,432.                    |
|                             | 20  | Tax-exempt bond liabilities                          |            |                     |                                 | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete I    | Part IV o  | f Schedule D        |                                 | 21  |                           |
| es                          | 22  | Loans and other payables to any current or form      | ner office | er, director,       |                                 |     |                           |
| i E                         |     | trustee, key employee, creator or founder, subs      | tantial co | ontributor, or 35%  |                                 |     |                           |
| Liabilities                 |     | controlled entity or family member of any of thes    | se perso   | ns                  |                                 | 22  |                           |
| _                           | 23  | Secured mortgages and notes payable to unrela        | ated thir  | d parties           | 568,264.                        | 23  | 128,099.                  |
|                             | 24  | Unsecured notes and loans payable to unrelated       | d third p  | arties              |                                 | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, pa  | yables t   | o related third     |                                 |     |                           |
|                             |     | parties, and other liabilities not included on lines | s 17-24).  | Complete Part X     | ~ ~ ~ ~ ~                       |     |                           |
|                             |     | of Schedule D  |            | ······              | 20,000.                         |     | 20,000.                   |
|                             | 26  | Total liabilities. Add lines 17 through 25           |            |                     | 707,455.                        | 26  | 305,923.                  |
| ŝ                           |     | Organizations that follow FASB ASC 958, che          | ck here    |                     |                                 |     |                           |
| nce                         |     | and complete lines 27, 28, 32, and 33.               |            |                     | 4 074 046                       |     | 4 501 071                 |
| ala                         | 27  | Net assets without donor restrictions                |            |                     | 4,974,246.                      | 27  | 4,591,271.                |
| фВ                          | 28  | Net assets with donor restrictions                   |            |                     | 230,581.                        | 28  | 336,202.                  |
| 'n                          |     | Organizations that do not follow FASB ASC 9          | 58, che    | ck here 🕨 🛄         |                                 |     |                           |
| ъ                           |     | and complete lines 29 through 33.                    |            |                     |                                 |     |                           |
| ets (                       | 29  | Capital stock or trust principal, or current funds   |            |                     |                                 | 29  |                           |
| SSE                         | 30  | Paid-in or capital surplus, or land, building, or ec |            |                     |                                 | 30  |                           |
| Net Assets or Fund Balances | 31  | Retained earnings, endowment, accumulated in         |            | <b>F</b>            |                                 | 31  |                           |
| ž                           | 32  | Total net assets or fund balances                    |            |                     | 5,204,827.                      | 32  | 4,927,473.                |
|                             | 33  | Total liabilities and net assets/fund balances       |            |                     | 5,912,282.                      | 33  | 5,233,396.                |
|                             |     |  |            |                     |                                 |     | Form <b>990</b> (2021)    |

### Part X | Balance Sheet

| Form    | 990 | (2021 |
|---------|-----|-------|
| 1 01111 | 000 | 12021 |

| Form | 990 (2021) FOUR RIVERS COMMUNITY BROADCASTING CORP   | 23-      | 2809815 | Pa         | ge <b>12</b> |
|------|--|----------|---------|------------|--------------|
| 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        | 1,84    | <u>4,5</u> | 21.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 1,75    |            |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |         |            | 26.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 5,204   |            |              |
| 5    | Net unrealized gains (losses) on investments   | 5        | -36     | 5,4        | 80.          |
| 6    | Donated services and use of facilities   | 6        |         |            |              |
| 7    | Investment expenses  | 7        |         |            |              |
| 8    | Prior period adjustments   | 8        |         |            |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |         |            | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          |         |            |              |
|      | column (B))  | 10       | 4,92    | 7,4        | 73.          |
| 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 Schedul      |          |         |            |              |
| 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    | d 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 separat    | e basis, |         |            |              |
|      | consolidated basis, or both:   |          |         |            |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |          |         |            |              |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the |          |         |            |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          |         | X          |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Scl  |          |         |            |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Auc | lit     |            |              |
|      | Act and OMB Circular A-133?  |          | За      |            | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |          |         |            |              |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | 3b      |            |              |

Form **990** (2021)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

| OMB No. 1545-0047            |
|------------------------------|
| 2021                         |
| Open to Public<br>Inspection |

r

| interne |        |                           |             | • Go to www.irs.go      | v/Form990 for instruct                              | ions and t        | he latest i         | nformation.     |                | Insp         | ection          |  |
|---------|--------|---------------------------|-------------|-------------------------|---|-------------------|---------------------|-----------------|----------------|--------------|-----------------|--|
| Nam     | e of t | the organization          |             |                         |   |                   |                     | 000             |                |              | tion number     |  |
| Pa      | rt I   | Beason for I              |             |                         | MMUNITY BROA<br>(All organizations must             |                   |                     |                 |                | 3-2809       | 1812            |  |
|         |        |                           |             |                         | -   |                   |                     |                 | 115.           |              |                 |  |
| 11e 0   | Srgan  |                           |             |                         | (For lines 1 through 12,<br>on of churches describe |                   |                     |                 |                |              |                 |  |
| 2       |        |                           |             |                         | Attach Schedule E (For                              |                   |                     | I)(A)(I).       |                |              |                 |  |
| 2       |        |                           |             |                         | anization described in s                            |                   | <u></u>             | ::)             |                |              |                 |  |
| 4       |        | •                         | •           |                         |   |                   |                     | •               | Viii) Entor    | the beenite  | l'e namo        |  |
| 4       |        |                           | n organiza  | alion operated in co    | njunction with a hospit                             |                   | u III Sectio        |                 | (III). Enter   | the nospita  | is name,        |  |
| 5       |        | city, and state:          |             |                         |   |                   |                     |                 |                |              |                 |  |
| 5       |        | section 170(b)(1)         |             |                         | nege of university owne                             | eu or opera       | lieu by a g         | oveninentai     | unin descrit   |              |                 |  |
| 6       |        |                           |             | -                       | mental unit described in                            | section 1         | 70(h)(1)(A)         | (v)             |                |              |                 |  |
|         | X      |                           |             |                         | antial part of its support                          |                   |                     |                 | the general    | nublic des   | cribed in       |  |
| •       |        | section 170(b)(1)(        |             |                         |   | nom a gov         | ommonital           |                 | ano gonora     |              | Shoca in        |  |
| 8       |        |                           |             |                         | (1)(A)(vi). (Complete Pa                            | rt II.)           |                     |                 |                |              |                 |  |
| 9       |        |                           |             |                         | l in section 170(b)(1)(A)                           |                   | ed in conii         | inction with a  | a land-orant   | college      |                 |  |
| •       |        |                           |             |                         | culture (see instructions                           |                   |                     |                 |                |              |                 |  |
|         |        | university:               |             | francio conogo or agric |   |                   |                     | , and otato t   |                |              |                 |  |
| 10      |        |                           | at norma    | llv receives (1) more   | than 33 1/3% of its su                              | port from         | contributic         | ons. members    | ship fees, a   | nd aross rea | ceipts from     |  |
|         |        |                           |             |                         | ct to certain exceptions                            |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         | e (less section 511 tax) f                          |                   |                     |                 |                | -            |                 |  |
|         |        | See section 509(a         |             |                         | · · · ·   |                   | ·                   |                 | •              |              |                 |  |
| 11      |        | An organization or        | ganized a   | and operated exclus     | ively to test for public s                          | afety. See        | section 50          | )9(a)(4).       |                |              |                 |  |
| 12      |        | An organization or        | ganized a   | and operated exclus     | ively for the benefit of,                           | to perform        | the functio         | ons of, or to c | arry out the   | e purposes   | of one or       |  |
|         |        | more publicly sup         | ported or   | ganizations describe    | ed in <b>section 509(a)(1)</b>                      | or <b>section</b> | 509(a)(2).          | See section     | 509(a)(3).     | Check the b  | ox on           |  |
|         |        | lines 12a through         | 12d that of | describes the type o    | of supporting organizati                            | on and con        | nplete lines        | s 12e, 12f, ar  | nd 12g.        |              |                 |  |
| а       |        | Type I. A suppo           | rting orga  | nization operated, s    | supervised, or controlled                           | d by its sup      | ported org          | ganization(s),  | typically by   | / giving     |                 |  |
|         |        | the supported o           | rganizatio  | on(s) the power to re   | egularly appoint or elect                           | a majority        | of the dire         | ctors or trust  | ees of the s   | supporting   |                 |  |
|         |        | _ organization. <b>Yo</b> | ou must c   | omplete Part IV, Se     | ections A and B.                                    |                   |                     |                 |                |              |                 |  |
| b       |        | <b>Type II.</b> A suppo   | orting orga | anization supervised    | d or controlled in conne                            | ction with i      | ts support          | ed organizati   | on(s), by ha   | iving        |                 |  |
|         |        |                           | -           |                         | anization vested in the                             | same perso        | ons that co         | ontrol or man   | age the sup    | oported      |                 |  |
|         |        |                           |             | t complete Part IV,     |   |                   |                     |                 |                |              |                 |  |
| с       |        |                           | -           |                         | g organization operated                             |                   |                     |                 | ally integrate | ed with,     |                 |  |
|         |        |                           |             |                         | s). <b>You must complete</b>                        |                   |                     |                 |                |              |                 |  |
| d       |        |                           |             |                         | porting organization ope                            |                   |                     |                 |                |              |                 |  |
|         |        |                           | -           |                         | zation generally must s                             | •                 |                     | -               | nd an attent   | iveness      |                 |  |
|         |        | - · ·                     |             | -                       | nplete Part IV, Sectior                             |                   |                     |                 |                |              |                 |  |
| е       |        |                           |             |                         | written determination fr                            |                   |                     | a Type I, Type  | e II, Type III |              |                 |  |
|         | Ente   | ,                         |             |                         | onally integrated suppor                            |                   |                     |                 |                |              |                 |  |
|         |        |                           |             | about the supporte      | organization(s)                                     |                   |                     |                 |                |              |                 |  |
| g       |        | i) Name of supported      | Iomatio     | (ii) EIN                | (iii) Type of organization                          | (iv) Is the orga  | anization listed    | (v) Amount o    | f monetary     | (vi) Amou    | unt of other    |  |
|         |        | organization              |             |                         | (described on lines 1-10                            | Yes               | ing document?<br>No | support (see i  | ,              |              | e instructions) |  |
|         |        |                           |             |                         | above (see instructions))                           |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
|         |        |                           |             |                         |   |                   |                     |                 |                |              |                 |  |
| Tota    | I      |                           |             |                         |   |                   |                     |                 |                |              |                 |  |

## Schedule A (Form 990) 2021 FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| See  | ction A. Public Support                      |                      |                 |                      |                    |                     |            |
|------|--|----------------------|-----------------|----------------------|--------------------|---------------------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2017             | <b>(b)</b> 2018 | <b>(c)</b> 2019      | (d) 2020           | (e) 2021            | (f) Total  |
| 1    | Gifts, grants, contributions, and            |                      |                 |                      |                    |                     |            |
|      | membership fees received. (Do not            |                      |                 |                      |                    |                     |            |
|      | include any "unusual grants.")               | 1,288,641.           | 1,293,192.      | 1,365,609.           | 1,905,622.         | 1,566,295.          | 7,419,359. |
| 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                 | 1,288,641.           | 1,293,192.      | 1,365,609.           | 1,905,622.         | 1,566,295.          | 7,419,359. |
| 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. |                      |                 |                      |                    |                     | 7,419,359. |
|      | ction B. Total Support                       |                      |                 |                      |                    |                     | , ,        |
|      | ndar year (or fiscal year beginning in)      | (a) 2017             | <b>(b)</b> 2018 | (c) 2019             | (d) 2020           | (e) 2021            | (f) Total  |
|      | Amounts from line 4                          | 1,288,641.           | 1,293,192.      | 1,365,609.           | 1,905,622.         | 1,566,295.          | 7,419,359. |
|      | Gross income from interest,                  |                      |                 |                      |                    |                     | <u> </u>   |
|      | dividends, payments received on              |                      |                 |                      |                    |                     |            |
|      | securities loans, rents, royalties,          |                      |                 |                      |                    |                     |            |
|      | and income from similar sources              | 40,214.              | 45,757.         | 36,480.              | 30,346.            | 33,073.             | 185,870.   |
| 9    | Net income from unrelated business           | - /                  | - / -           |                      |                    |                     | ,          |
| Ū    | activities, whether or not the               |                      |                 |                      |                    |                     |            |
|      | business is regularly carried on             |                      |                 |                      |                    |                     |            |
| 10   | Other income. Do not include gain            |                      |                 |                      |                    |                     |            |
|      | or loss from the sale of capital             |                      |                 |                      |                    |                     |            |
|      | assets (Explain in Part VI.)                 |                      |                 |                      |                    |                     |            |
| 11   | Total support. Add lines 7 through 10        |                      |                 |                      |                    |                     | 7,605,229. |
|      | Gross receipts from related activities,      | etc. (see instructio | uns)            |                      |                    | 12                  | 434,268.   |
|      | First 5 years. If the Form 990 is for th     | · ·                  | ,               | ourth or fifth tax y |                    |                     |            |
| 10   | organization, check this box and stop        | -                    |                 | •                    |                    |                     |            |
| Sec  | ction C. Computation of Publ                 | ic Support Per       | rcentage        |                      |                    |                     |            |
|      | Public support percentage for 2021 (         |                      |                 | olumn (f))           |                    | 14                  | 97.56 %    |
|      | Public support percentage from 2020          |                      |                 |                      |                    | 15                  | 97.55 %    |
|      | 33 1/3% support test - 2021. If the o        |                      |                 |                      |                    | nore, check this bo | x and      |
|      | stop here. The organization qualifies        | -                    |                 |                      |                    |                     |            |
| b    | 33 1/3% support test - 2020. If the c        |                      |                 |                      |                    |                     |            |
|      | and <b>stop here.</b> The organization qual  |                      |                 |                      |                    |                     |            |
| 17a  | 10% -facts-and-circumstances tes             |                      |                 |                      |                    |                     |            |
|      | and if the organization meets the fact       |                      |                 |                      |                    |                     |            |
|      | meets the facts-and-circumstances te         |                      |                 | -                    | -                  | -                   |            |
| h    | 10% -facts-and-circumstances tes             | -                    |                 |                      |                    | 17a and line 15 is  |            |
|      | more, and if the organization meets the      | -                    |                 |                      |                    |                     | 1070 01    |
|      | organization meets the facts-and-circ        |                      |                 |                      |                    |                     |            |
| 19   | Private foundation. If the organization      |                      | •               |                      |                    |                     |            |
| 10   | Finale roundation. If the organizatio        | IT UIU HOL CHECK & I |                 | , 100, 17a, 01 17D   | , UNCON UNIS DUX 8 |                     | s          |

Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815 Page 3 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) 🕨   | <b>(a)</b> 2017      | <b>(b)</b> 2018      | (c) 2019             | (d) 2020          | (e) 2021           | (f) Total |
| 1    | Gifts, grants, contributions, and   |                      |                      |                      |                   |                    |           |
|      | membership fees received. (Do not   |                      |                      |                      |                   |                    |           |
|      | include any "unusual grants.")  |                      |                      |                      |                   |                    |           |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>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   |                      |                      |                      |                   |                    |           |
|      | Total. Add lines 1 through 5  |                      |                      |                      |                   |                    |           |
| 7a   | Amounts included on lines 1, 2, and   |                      |                      |                      |                   |                    |           |
|      | 3 received from disqualified persons  |                      |                      |                      |                   |                    |           |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>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.)   |                      |                      |                      |                   |                    |           |
|      | ction B. Total Support  |                      |                      |                      |                   |                    |           |
| Cale | endar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017      | <b>(b)</b> 2018      | (c) 2019             | (d) 2020          | (e) 2021           | (f) Total |
| 9    | Amounts from line 6   |                      |                      |                      |                   |                    |           |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources          |                      |                      |                      |                   |                    |           |
| k    | Unrelated business taxable income   |                      |                      |                      |                   |                    |           |
|      | (less section 511 taxes) from businesses  |                      |                      |                      |                   |                    |           |
|      | acquired after June 30, 1975  |                      |                      |                      |                   |                    |           |
| c    | Add lines 10a and 10b   |                      |                      |                      |                   |                    |           |
|      | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on              |                      |                      |                      |                   |                    |           |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>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 th  | ie organization's fi | rst, second, third,  | fourth, or fifth tax | year as a section | 501(c)(3) organiza | tion,     |
|      |   |                      |                      |                      |                   |                    | ▶∟        |
| Se   | ction C. Computation of Publ  | ic Support Pe        | rcentage             |                      |                   |                    |           |
| 15   | Public support percentage for 2021 (I   | ine 8, column (f), a | divided by line 13,  | column (f))          |                   | 15                 | %         |
| 16   | Public support percentage from 2020   | Schedule A, Part     | III, line 15         |                      |                   | 16                 | %         |
| Se   | ction D. Computation of Inves   | stment Incom         | e Percentage         |                      |                   |                    |           |
| 17   | Investment income percentage for 20   | 21 (line 10c, colur  | mn (f), divided by I | ine 13, column (f))  |                   | 17                 | %         |
|      | Investment income percentage from   |                      |                      |                      |                   | 18                 | %         |
|      | a 33 1/3% support tests - 2021. If the  |                      |                      |                      |                   |                    | 17 is not |
|      | more than 33 1/3%, check this box a   |                      |                      |                      |                   |                    |           |
| k    | 33 1/3% support tests - 2020. If the  |                      |                      |                      |                   |                    | and       |
|      | line 18 is not more than 33 1/3%, che   |                      |                      |                      |                   |                    |           |
| 20   | Private foundation. If the organizatio  |                      |                      |                      |                   |                    |           |
| _    |   |                      |                      |                      |                   |                    |           |

### <u>Schedule A (Form 990) 2021</u>

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

132024 01-04-21

Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815 Page 5

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

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|--|

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

| Section D. All | Type III | Supporting | Organizations |
|----------------|----------|------------|---------------|
|----------------|----------|------------|---------------|

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

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

1

2

#### FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| Sect | ion A - Adjusted Net Income   |    | (A) Prior Year | (B) Current Year<br>(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<br>(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 <b>Part VI</b> ):                                     |    |                |                                |
| 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 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) 2021

#### FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815 Page 7 Euroctionally Integrated 509(a)(3) Supporting Organizations (continued)

| Par   | t V   Type III Non-Functionally Integrated 509                  | (a)(3) Supporting Orga            | anizations (continu                   | <u>ied)</u> |   |
|-------|---|-----------------------------------|---------------------------------------|-------------|---|
| Secti | on D - Distributions  |                                   |                                       |             | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe       | empt purposes                     |                                       | 1           |   |
| 2     | Amounts paid to perform activity that directly furthers exempt  | ot purposes of supported          |                                       |             |   |
|       | organizations, in excess of income from activity                |                                   | 2                                     |             |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | S                                 | 3                                     |             |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                                   |                                       | 4           |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in <b>Part VI</b> ) |                                       | 5           |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                                   |                                       | 6           |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                                   |                                       | 7           |   |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive     | 9                                     |             |   |
|       | (provide details in Part VI). See instructions.                 |                                   |                                       | 8           |   |
| 9     | Distributable amount for 2021 from Section C, line 6            |                                   |                                       | 9           |   |
| 10    | Line 8 amount divided by line 9 amount                          |                                   |                                       | 10          |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions       | (ii)<br>Underdistribution<br>Pre-2021 | IS          | (iii)<br>Distributable<br>Amount for 2021 |
| 1     | Distributable amount for 2021 from Section C, line 6            |                                   |                                       |             |   |
| 2     | Underdistributions, if any, for years prior to 2021 (reason-    |                                   |                                       |             |   |
|       | able cause required - explain in Part VI). See instructions.    |                                   |                                       |             |   |
| 3     | Excess distributions carryover, if any, to 2021                 |                                   |                                       |             |   |
| a     | From 2016   |                                   |                                       |             |   |
| b     | From 2017   |                                   |                                       |             |   |
| c     | From 2018   |                                   |                                       |             |   |
| d     | From 2019   |                                   |                                       |             |   |
| е     | From 2020   |                                   |                                       |             |   |
| f     | Total of lines 3a through 3e                                    |                                   |                                       |             |   |
| g     | Applied to underdistributions of prior years                    |                                   |                                       |             |   |
|       | Applied to 2021 distributable amount                            |                                   |                                       |             |   |
| i     | Carryover from 2016 not applied (see instructions)              |                                   |                                       |             |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                                   |                                       |             |   |
| 4     | Distributions for 2021 from Section D,                          |                                   |                                       |             |   |
|       | line 7: \$  |                                   |                                       |             |   |
|       | Applied to underdistributions of prior years                    |                                   |                                       |             |   |
|       | Applied to 2021 distributable amount                            |                                   |                                       |             |   |
| c     | Remainder. Subtract lines 4a and 4b from line 4.                |                                   |                                       |             |   |
| 5     | Remaining underdistributions for years prior to 2021, if        |                                   |                                       |             |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                                   |                                       |             |   |
|       | than zero, explain in Part VI. See instructions.                |                                   |                                       |             |   |
| 6     | Remaining underdistributions for 2021. Subtract lines 3h        |                                   |                                       |             |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                                   |                                       |             |   |
|       | Part VI. See instructions.                                      |                                   |                                       |             |   |
| 7     | Excess distributions carryover to 2022. Add lines 3j            |                                   |                                       |             |   |
|       | and 4c.   |                                   |                                       |             |   |
| 8     | Breakdown of line 7:  |                                   |                                       |             |   |
|       | Excess from 2017  |                                   |                                       |             |   |
|       | Excess from 2018  |                                   |                                       |             |   |
|       | Excess from 2019  |                                   |                                       |             |   |
|       | Excess from 2020  |                                   |                                       |             |   |
| е     | Excess from 2021  |                                   |                                       |             |   |

Schedule A (Form 990) 2021

| Schedule A | (Form 990) 2021   | FOUR                     | RIVERS                              | COMMUNI                                | TY BRO                       | ADCASTI                           | NG CORP                               | 23-2809815  | Page <b>8</b>  |
|------------|---|--------------------------|-------------------------------------|--|------------------------------|-----------------------------------|---------------------------------------|---|----------------|
| Part VI    | Supplemental Inform<br>Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, I<br>Section D, lines 5, 6, and 8<br>(See instructions.) | 2, 3b, 3c,<br>ines 2 and | 4b, 4c, 5a, 6, 9<br>3; Part IV, Sec | 9a, 9b, 9c, 11a,<br>ction E, lines 1c, | 11b, and 11<br>, 2a, 2b, 3a, | c; Part IV, Sec<br>and 3b; Part \ | ction B, lines 1<br>/, line 1; Part V | and 2; Part IV, Sectio<br>, Section B, line 1e; P | n C,<br>art V, |
|            |   |                          |                                     |  |                              |                                   |                                       |   |                |
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|            |   |                          |                                     |  |                              |                                   |                                       |   |                |

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

OMB No. 1545-0047 1 Open to Public Inspection

FOUR RIVERS COMMUNITY BROADCASTING CORP

Employer identification number 23-2809815

| (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) grangate value of contributions to (during year)         3       Aggregate value of contributions to (during year)       (b) Funds and other accounts         4       Aggregate value of contributions to (during year)       (c) Part H       (c) Part H         5       Did the organization's peoprity, subject to the organization's acculavie legal control?       (c) Part H       (c) Part H         6       Did the organization's peoprity, subject to the organization's acculavie legal control?       (c) Preservation to for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible private banefit?         6       Did the organization accuments held by the organization (c) acculavie langly).       (c) Preservation of a historical tymportant land area         (c) Propervision casements held by the organization contribution in the form of a conservation easement bit by the organization (c) heck all that apply).       (c) Preservation of a historical tructure         (c) Preservation of conservation easements       (c) the accular apply (c) Preservation of a conservation easements in cluuded in (c) acculared atter 725/06, and not on historical tructure         (c) Total acceage restricted by conservation easements       (c) acculared atter 725/06, and not on historical conservation easements incluuded in (c) acculared atter 725/06, and not on a historical tructure         (c) Number of conservation easements       (c) accul   | Par | t I Organizations Maintaining Donor Advise<br>organization answered "Yes" on Form 990, Part IV, lir            |   | or Accounts. Complete if the           |  |  |  |  |  |
|---|-----|--|---|--|--|--|--|--|--|
| 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value of antist from (during year) 5 Dot the organization is property, subject to the organization is exclusive legal control? 8 Dot the organization is property, subject to the organization is exclusive legal control? 9 Fart III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 9 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 9 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 9 Part III Conservation Easements hold by the organization (check all that apply). 9 Protection of natural habitat 9 Protection of conservation easements in certified historic structure 9 Aumber of conservation easements on a certified historic structure included in (a) 9 Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 9 Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year is an envolved to the conservation easements included in (a) 9 Does the organization nave a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year is an envolved to the conservation easement in located is? 9 No 6 Staff and volunter to the organization reports onservation easements in located is? 9 No 6 Staff and volunter to the organization reports onservation easements durin  |     |  |   | (b) Funds and other accounts           |  |  |  |  |  |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and to for the benefit of the donor of or any ofter purpose conferring impermissible private benefit? 7 Purposets() of conservation Essements. Complete if the organization answered 'Yas' on Form 990, Part IV, line 7. 7 Purposets() of conservation essements held by the organization answered 'Yas' on Form 990, Part IV, line 7. 7 Purposets() of conservation essements held by the organization or education or advisor, or any ofter purposets() or a historically important land area Protection of natural habitat Protection of open space 7 Complete lines 2 a through 2 of the organization held a qualified conservation contribution in the form of a conservation essement on a certified historic structure Preservation of and for public use (for example, recreation or education contribution in the form of a conservation essement on a certified historic structure Preservation assements in a certified historic structure Preservation assements in a certified historic structure included in (a) Total annexage restricted by conservation essements is occuring in the fact of the Tax Year Number of conservation essements is noccuring, inspection, handling of Number of conservation essements is noccuring, inspection, handling of Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of experises incurred in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year Number of experises incurred in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year No 0 Does the organization assement? Yes' on FOM 900, Part IV,  | 1   | Total number at end of year  |   |  |  |  |  |  |  |
| Aggregate value of grants from (during year)     Aggregate value at end of year     Aggregate value at end of year     Do the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that yeart funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible private benefit?     Partocopies and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible private benefit?     Protection of land for public use (for example, recreation or education)     Preservation of a historically important land area     Protection of natural habitat     Preservation of and for public use (for example, recreation or education)     Preservation of a conservation essements     Protection of natural habitat     Preservation of accomervation essements     Aggregate restricted by conservation easements     Automber of conservation essements     Automber   | -   |  |   |  |  |  |  |  |  |
| Aggregate value at end of year     Degregative value at end of year     Degregative values at end of year     Degregative of the organization inform all donors advisors in writing that the assets held in donor advised funds     are the organization's property, subject to the organization's exclusive legal control?     Degregative does and to for the benefit of the donor of donor advisor, or for any other purpose conferring     meperitasible purposes and to for the benefit of the donor or donor advisor, or for any other purpose conferring     meperitasible proves the one of the donor or donor advisor, or for any other purpose conferring     meperitasible proves and to for the benefit of the donor or donor advisor, or for any other purpose conferring     meperitasible proves the dot for public use (for example, recreation or education)     Preservation of and for public use (for example, recreation or education)     Preservation of a certified historic structure     Preservation of pans page 2 Complete lines 2 at hrough 2 df the organization held a qualified conservation contribution in the form of a conservation easement is     the ax year.     Total number of conservation easements     mode of conservation easements     mode (in c) acquired affer 7/25/06, and not on a historic structure     listed in the National Register 3 Number of conservation easements included in (a) related affer 7/25/06, and not on a historic structure     listed in the National Register 3 Number of conservation easements included in relative advisor, and enforcing conservation easements during the year     ves listed and volunteer hours devised to conservation easements in tocks?     Staff and volunteer hours devised to conservation easements in thots?     Staff and volunteer hours devised to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     S     for the organization nave a written policy conservation easements in thots?     Summer of tophyle(k)(k)(k)     and section 170(k)(k  |     |  |   |  |  |  |  |  |  |
| 6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised tunds are the organization's property, subject to the organization's acculative lega control? 1 Part. Unconservation Easements. Complete if the organization's acculate lega control? 1 Purpose() of conservation easements held by the organization's answered "Yes" on Form 990, Part IV, line 7. 1 Purpose() of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose() of conservation easements held by the organization (check all that apply). 1 Preservation of and for public use (for example, recreation or education) 2 Preservation of a certified historic structure 2 Preservation of and for public use (for example, recreation or education) 2 Preservation of a certified historic structure 2 Preservation of a certified historic structure 2 Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation conservation easements 3 Number of conservation easements 3 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure included in (a) 3 Number of conservation easements included in (c) acquired after 7/25/06, and ont on a historic structure included in y easements included in the organization assements in blocks? 4 Number of states where property subject to conservation easements in blocks? 5 Does the organization have a written policy regarding the pariodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > 5 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > 6 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation eas  |     |  |   |  |  |  |  |  |  |
| are the organization's property, subject to the organization's exclusive legal control?       Image: the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor a dvisor, or for any other purpose conferring impermisable private benefit?       No         Partul Conservation Easements. Complete if the organization (answered "Yes" on Form 990, Part IV, line 7.       No         Purpose(0) of conservation easements held by the organization (answered "Yes" on Form 990, Part IV, line 7.       Preservation of and for public use (for example, recreation or education) important land area important land area important of a donor advisor in the structure important land area is a segment of open space       Preservation of and AD or public use (for example, recreation or education) important land area important of a conservation easements.         Complete lines 2 at trough 2 dif the organization held a qualified conservation contribution in the form of a conservation easements.       2a         2 conservation easements included in (a) qualified conservation contribution in the form of a conservation easements.       2a         0 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >         4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >         5 Staff and volunteer hours devoled to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >         6 Staff and volunteer hours devoled to monitoring, inspec   | 5   |  | writing that the assets held in donor advise    | d funds                                |  |  |  |  |  |
| G Did the organization inform all grantees, donors, and donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit?     Part Did the organization answered "Yes" on Form 990, Part IV, line 7.     Purposely of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7.     Preservation of land for public use (for example, recreation or education)    Preservation of a certified historic structure     Preservation of land for public use (for example, recreation or education)    Preservation of a certified historic structure     Preservation of land for public use (for example, recreation contribution in the form of a conservation easements held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.     Total number of conservation easements included in (a) qualified conservation contribution in the form of a conservation easement on the last a very are a total number of conservation easements included in (a) qualified conservation easements included in (a) <u>2a</u> Number of conservation easements included in (a) qualified date <i>TZ2</i> (506, and not on a historic structure <u>2a</u> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year <b>1</b> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year <b>1</b> Number of states where property subject to conservation easements is located <b>1</b> Number of expansion have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year <b>1</b> Number of the conservation easements in tolofs?     Does each conservation easements tholds?     So and eaction 1700(h)(4)(B)(0)     and section 1700(h)(4)(B)(0)     and section 1700(h)(4)(B)(0)     and section 1700(h)(4)(B)(0)     and section 1700(h)(4)(B)(0)     and sec  |     | -  | -   |  |  |  |  |  |  |
| Impermissible pristile benefit?       Yes       No.         Part II       Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 7.       Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of open space       Preservation of a conservation easement in the form of a conservation easement on the last day of the tax year.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Pate and of the Tax Year         3       Total number of conservation easements included in (a) caculared after 7225/06, and not on a historic structure listed in the National Register       Pate and of the Tax Year         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       Pate and organization during the tax year.         4       Number of states where property subject to conservation easement is located >       So bes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         5       S       So conservation easement reported on line 2(d) above satisfy the requirements of section 1700(h(d)(B)(0) and section 1  | 6   |  |   |  |  |  |  |  |  |
| Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of and tor public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a conservation easements in the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       If Id at the End of the Tax Year         a Total number of conservation easements       Ze       Ze         b Total acreage restricted by conservation easements       Ze       Ze         c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Ze         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         Image: Set if the organization have a written policy regarding the periodic monitoring, conservation easements during the year         Image: Set if the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements with olds?         A Number of conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)       Yes       No         6 Staff and  |     | for charitable purposes and not for the benefit of the donor of  | or donor advisor, or for any other purpose co   | onferring                              |  |  |  |  |  |
| 1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         Preservation of land for public use (for example, recreation or education)       Preservation of a certified historic structure         Preservation of conservation easements       Preservation of a certified historic structure         2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Iteld a the End of the Tax Year         3 Total number of conservation easements       2a       2a         4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       >         4 Number of conservation easements in holds?       Yes       No         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year       >         7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footrote to the organization?       Yes       No  |     | impermissible private benefit?   |   |  |  |  |  |  |  |
| □       Preservation of a historically important land area         □       Preservation of a natural habitat       □         □       Preservation of on a papee         2       Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         cl       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         4       Number of states where property subject to conservation easements is located ▶  | Par | t II Conservation Easements. Complete if the or  | ganization answered "Yes" on Form 990, Pa       | urt IV, line 7.                        |  |  |  |  |  |
| Protection of natural habitat Preservation of a certified historic structure   Preservation of actural habitat Preservation of a certified historic structure   day of the tax year. Idel at the enganization held a qualified conservation contribution in the form of a conservation easement on the last   day of the tax year. Idel at the End of the Tax Year   a Total number of conservation easements Idel at the End of the Tax Year   b Total acreage restricted by conservation easements Idel at the End of the Tax Year   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Idel at the End of the Tax Year   d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b Idel at the property subject to conservation easement is located b   4 Number of states where property subject to conservation easement is located b Idel at the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   b S Idel at the tax is a structure in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   b S Idease action 1700h/(4)(B)(0)   and section b with organization segments.   Part XIII, describe how the organization reports conservation easements in its revenue and e   | 1   | Purpose(s) of conservation easements held by the organizat   | ion (check all that apply).                     |  |  |  |  |  |  |
| □       Preservation of open space         2       Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements an certified historic structure included in (a)       2c         d       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year          2       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)         and section 170(h)(4)(B)(li)?       Yes       No         9       In Der XIII, describe how the organization neports conservation easements.       It for organization easement and balance sheet, and include, if applicable, the text of the foorhote to the organization sincal statement and balance sheet works of art, historical treasures, or Other Similar Assets.         7       Amount of expenses incurred in monitoring, inspections of Art, Historical Treasures, or Other Similar Assets.         8       Does each conservation easement reported on li   |     |  |   |  |  |  |  |  |  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   4 Number of states where property subject to conservation easement is located ▶   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶   6 Statif and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶   5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(ii)? Yes   6 Statif and volunteer bours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the tex of the footnote to the organization security is accounting for conservation easements.   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the tex of the footnote to the organization second the sociable statement and balance sheet, and include, if applicable, the tex of the footnote to the organization answerd Yes' on Form 990, Part   |     |  | Preservation of a                               | certified historic structure           |  |  |  |  |  |
| day of the tax year.       Held at the End of the Tax Year.         a Total number of conservation easements       2a         2b       2c         2c       2d         2d       2d         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure         1sted in the National Register       2d         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure         1sted in the National Register       2d         3       Number of states where property subject to conservation easement is located >         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         >       S         Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)       res         and section 170(h)(4)(B)(0)?       res         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures, or Other Similar Assets.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.       If the  |     | · ·  |   |  |  |  |  |  |  |
| a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year b   4 Number of states where property subject to conservation easement is located b   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easement is located b   *  | 2   |  | fied conservation contribution in the form of   |  |  |  |  |  |  |
| b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements in a certified historic structure included in (a)   d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year b  |     |  |   |  |  |  |  |  |  |
| c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4       Number of states where property subject to conservation easement is located ▶  |     |  |   |  |  |  |  |  |  |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4 Number of states where property subject to conservation easement is located ▶       5         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶       7         6 Staff and volunteer hours devoled to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶       7         7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ≤       7         8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?       Yes       No         9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.         1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p   |     |  |   |  |  |  |  |  |  |
| listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  |     |  |   |  |  |  |  |  |  |
| <ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>  | d   |  |   |  |  |  |  |  |  |
| <ul> <li>year ▶</li></ul>   | ~   |  |   |  |  |  |  |  |  |
| <ul> <li>A Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>S</li></ul>   | 3   |  | leased, extinguished, or terminated by the c    | organization during the tax            |  |  |  |  |  |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  | 4   |  |   |  |  |  |  |  |  |
| <ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Ves No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  | _   |  |   |  |  |  |  |  |  |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>✓</li> <li>✓</li> <li>✓ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>✓ \$</li> <li>S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)</li> <li>✓ Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization for conservation easements.</li> <li>✓ Part III Organization S Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answerd "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>§</li> </ul> </li> <li>2 If the organization neceived or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Pa</li></ul>                                      | 5   |  |   |  |  |  |  |  |  |
| <ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>          ▲ \$  </li> <li>              Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year </li> <li>             Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  </li> <li>             Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li></ul>  | 6   |  |   |  |  |  |  |  |  |
| <ul> <li>\$</li></ul>   | Ū   |  |   |  |  |  |  |  |  |
| <ul> <li>\$</li></ul>   | 7   | Amount of expenses incurred in monitoring, inspecting, hand  | dling of violations, and enforcing conservation | on easements during the year           |  |  |  |  |  |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> <th></th><th></th><th></th><th>0, 1</th></li></ul> |     |  |   | 0, 1                                   |  |  |  |  |  |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>   | 8   | Does each conservation easement reported on line 2(d) abo  | ve satisfy the requirements of section 170(h    | )(4)(B)(i)                             |  |  |  |  |  |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>   |     | and section 170(h)(4)(B)(ii)?  |   | Yes 🗌 No                               |  |  |  |  |  |
| organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:           (i)       Revenue included on Form 990, Part VIII, line 1           (ii)       Assets included in Form 990, Part X           2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:            a       Revenue included on Form 990, Part X           b       Assets included on Form 990, Part X           b       Assets included on Form 990, Part X           b  | 9   |  |   |  |  |  |  |  |  |
| Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  |     | balance sheet, and include, if applicable, the text of the foot  | note to the organization's financial statemer   | nts that describes the                 |  |  |  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures are provided in Form 990, Part X  c Mathematical treasures areasures are provided in Form 990, Part X  c Mathemati  |     |  |   |  |  |  |  |  |  |
| <ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part XIII, line 1</li> <li>Assets included in Form 990, Part X</li> </ul> </li> </ul>   | Par |  |   | ner Similar Assets.                    |  |  |  |  |  |
| <ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> </ul> </li> </ul>  |     | Complete if the organization answered "Yes" on Form  | 1 990, Part IV, line 8.                         |  |  |  |  |  |  |
| <ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> </ul> </li> </ul>  | 1a  | If the organization elected, as permitted under FASB ASC 95  | 58, not to report in its revenue statement an   | d balance sheet works                  |  |  |  |  |  |
| <ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul> </li> </ul>   |     |  |   | •                                      |  |  |  |  |  |
| <ul> <li>art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul> </li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul>   |     | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |   |  |  |  |  |  |  |
| <ul> <li>provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b \$</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>  | b   |  |   |  |  |  |  |  |  |
| <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>5</li> </ul>  |     | art, historical treasures, or other similar assets held for public   | c exhibition, education, or research in furthe  | rance of public service,               |  |  |  |  |  |
| <ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>  |     |  |   |  |  |  |  |  |  |
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| the following amounts required to be reported under FASB ASC 958 relating to these items:          a       Revenue included on Form 990, Part VIII, line 1         b       Assets included in Form 990, Part X  | ~   |  |   |  |  |  |  |  |  |
| a Revenue included on Form 990, Part VIII, line 1 <ul> <li>b Assets included in Form 990, Part X</li> <li>b \$</li> <li>c) \$</li> <lic) \$<="" li=""> <lic) \$<="" li=""> <lic) \$<="" li=""> <lic) \$<="" <="" th=""><th>2</th><th>-</th><th></th><th>gain, provide</th></lic)></lic)></lic)></lic)></ul>   | 2   | -  |   | gain, provide                          |  |  |  |  |  |
| b Assets included in Form 990, Part X 🕨 \$  |     |  |   |  |  |  |  |  |  |
|   |     |  |   |  |  |  |  |  |  |
|   |     |  |   | <b>5</b><br>Schedule D (Form 990) 2021 |  |  |  |  |  |

|       | dule D (Form 990) 2021 FOUR RI<br>t III Organizations Maintaining C  | VERS COMMU             |            |                |               |             |            | 23 - 28    |                 |         | age <b>2</b> |
|-------|--|------------------------|------------|----------------|---------------|-------------|------------|------------|-----------------|---------|--------------|
|       |  |                        | -          |                | -             |             |            |            |                 | iuea)   |              |
| 3     | Using the organization's acquisition, accessi  | on, and other record   | is, checi  | k any of the   | following the | at make s   | ignificant | use of its |                 |         |              |
|       | collection items (check all that apply):   |                        |            |                |               |             |            |            |                 |         |              |
| a     | Public exhibition  | d                      |            |                | hange progra  |             |            |            |                 |         |              |
| b     | Scholarly research   | e                      |            | Other          |               |             |            |            |                 |         |              |
| c     | Preservation for future generations  |                        |            |                |               |             |            |            |                 |         |              |
| 4     | Provide a description of the organization's co   |                        |            | -              | -             |             |            | se in Par  | t XIII.         |         |              |
| 5     | During the year, did the organization solicit o  |                        |            |                |               |             |            |            | 7               |         | 1            |
| Da    | to be sold to raise funds rather than to be matter to be the matter to be the sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be matter to be matter to be sold to raise funds rather than to be matter to be |                        |            |                |               |             |            |            | Yes             |         | No           |
| 1 0   | reported an amount on Form 990, Par  |                        | ete ii the | organizatio    | n answered    | res on      | F0111 990  | , Part IV, | ine 9, 0        |         |              |
| 10    |  |                        | dian ( for | contribution   | o or othor or | eata not    | included   |            |                 |         |              |
| Ia    | Is the organization an agent, trustee, custodi   |                        |            |                |               |             |            |            | Yes             |         | No           |
| h     | on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XIII   |                        |            |                |               |             |            | ······ L   |                 |         |              |
| b     |  | and complete the lo    | nowing     | lable.         |               |             |            |            | Amoun           | t       |              |
| •     | Paginning balance  |                        |            |                |               |             | 1c         |            | / inioun        |         |              |
|       | Beginning balance  |                        |            |                |               |             |            |            |                 |         |              |
|       | Additions during the year  |                        |            |                |               |             |            |            |                 |         |              |
| f     | Ending balance   |                        |            |                |               |             |            |            |                 |         |              |
| 2a    | Did the organization include an amount on Fe   |                        |            |                |               |             |            |            | Yes             |         | No           |
|       | If "Yes," explain the arrangement in Part XIII.  |                        |            |                |               |             |            |            |                 |         | 1            |
| Par   |  |                        |            |                |               |             |            |            |                 |         |              |
|       | · · · · ·  | (a) Current year       |            | rior year      | (c) Two yea   |             |            | ears back  | (e) Fou         | years   | back         |
| 1a    | Beginning of year balance  |                        |            | -              |               |             |            |            |                 |         |              |
| b     | Contributions  |                        |            |                |               |             |            |            |                 |         |              |
| c     | Net investment earnings, gains, and losses   |                        |            |                |               |             |            |            |                 |         |              |
| d     | Grants or scholarships   |                        |            |                |               |             |            |            |                 |         |              |
|       | Other expenditures for facilities  |                        |            |                |               |             |            |            |                 |         |              |
|       | and programs   |                        |            |                |               |             |            |            |                 |         |              |
| f     | Administrative expenses  |                        |            |                |               |             |            |            |                 |         |              |
| g     | End of year balance  |                        |            |                |               |             |            |            |                 |         |              |
| 2     | Provide the estimated percentage of the cur  | rent year end baland   | e (line 1  | g, column (a   | a)) held as:  |             |            |            |                 |         |              |
| а     | Board designated or quasi-endowment  |                        | %          |                |               |             |            |            |                 |         |              |
| b     | Permanent endowment  | %                      |            |                |               |             |            |            |                 |         |              |
| с     | Term endowment   | %                      |            |                |               |             |            |            |                 |         |              |
|       | The percentages on lines 2a, 2b, and 2c sho  | uld equal 100%.        |            |                |               |             |            |            |                 |         |              |
| 3a    | Are there endowment funds not in the posse   | ession of the organiz  | ation tha  | at are held a  | nd administe  | ered for th | ne organiz | ation      |                 |         |              |
|       | by:  |                        |            |                |               |             |            |            |                 | Yes     | No           |
|       | (i) Unrelated organizations  |                        |            |                |               |             |            |            | 3a(i)           |         |              |
|       | (ii) Related organizations   |                        |            |                |               |             |            |            | 3a(ii)          |         |              |
| b     | If "Yes" on line 3a(ii), are the related organization  | ations listed as requi | red on S   | Schedule R?    |               |             |            |            | 3b              |         |              |
| 4     | Describe in Part XIII the intended uses of the   |                        | owment     | funds.         |               |             |            |            |                 |         |              |
| Par   | t VI Land, Buildings, and Equipm   |                        |            |                |               |             |            |            |                 |         |              |
|       | Complete if the organization answere   | d "Yes" on Form 990    | D, Part IN | /, line 11a. S | See Form 990  | ), Part X,  | line 10.   |            |                 |         |              |
|       | Description of property  | (a) Cost or o          |            | • •            | or other      |             | cumulate   | d          | ( <b>d)</b> Boo | k value | Э            |
|       |  | basis (investr         | ment)      |                | (other)       | dep         | preciation |            | ,               |         |              |
|       | 1a Land         45,000.         45,000.  |                        |            |                |               |             |            |            |                 |         |              |
|       | Buildings  |                        |            | 97             | 5,528.        | 1           | 126,43     | 34.        | 84              | 9,0     | 94.          |
| С     | Leasehold improvements   |                        |            | 1              | 0 0 5 0       |             |            |            |                 |         | . –          |
| d     | Equipment  |                        |            | 1,00           | 8,050.        | 9           | 917,03     | 55.        | 9               | 1,0     | 15.          |
|       | Other  |                        |            |                |               |             |            |            |                 |         | <u> </u>     |
| Total | . Add lines 1a through 1e. (Column (d) must e  | qual Form 990, Part    | X, colur   | nn (B), line 1 | 0c.)          |             |            |            | 98              | 5,1     | 09.          |

Schedule D (Form 990) 2021

| Schedule D   | ) (Form 990) 2021                       | FOUR                | RIVERS           | COMMUNITY             | BROADCASTING               | GORP             | 23-2809815 Page 3             |
|--------------|---|---------------------|------------------|-----------------------|----------------------------|------------------|-------------------------------|
| Part VII     | Investments -                           | Other Sec           | urities.         |                       |                            |                  |                               |
|              |   |                     |                  |                       | , line 11b. See Form 990   |                  |                               |
| (a) Descrip  | otion of security or cate               | gory (including na  | ame of security) | (b) Book value        | (c) Method of v            | aluation: Cost   | t or end-of-year market value |
| (1) Financi  | al derivatives                          |                     |                  |                       |                            |                  |                               |
|              | held equity interests                   | s                   |                  |                       |                            |                  |                               |
| (3) Other    |   |                     |                  |                       |                            |                  |                               |
| (A)          |   |                     |                  |                       |                            |                  |                               |
| (B)          |   |                     |                  |                       |                            |                  |                               |
| (C)          |   |                     |                  |                       |                            |                  |                               |
| (D)          |   |                     |                  |                       |                            |                  |                               |
| (E)          |   |                     |                  |                       |                            |                  |                               |
| (F)          |   |                     |                  |                       |                            |                  |                               |
| (G)          |   |                     |                  |                       |                            |                  |                               |
| (H)          |   |                     |                  |                       |                            |                  |                               |
|              | b) must equal Form 990                  |                     |                  |                       |                            |                  |                               |
| Part VII     | I Investments -                         | -                   |                  |                       | ( line 11 - Cas Faire 000  | Davit V, Jima 10 |                               |
|              |   | -                   | swered res       |                       | /, line 11c. See Form 990, |                  |                               |
|              | (a) Description of                      | Investment          |                  | (b) Book value        | (C) Method of V            | aluation. Cost   | t or end-of-year market value |
| (1)          |   |                     |                  |                       |                            |                  |                               |
| (2)          |   |                     |                  |                       |                            |                  |                               |
| (3)          |   |                     |                  |                       |                            |                  |                               |
| (4)          |   |                     |                  |                       |                            |                  |                               |
| (5)          |   |                     |                  |                       |                            |                  |                               |
| (6)          |   |                     |                  |                       |                            |                  |                               |
| (7)          |   |                     |                  |                       |                            |                  |                               |
| (8)          |   |                     |                  |                       |                            |                  |                               |
|              | (b) must aqual Form 00                  | Dert V col (        | 2) lino 12 )     |                       |                            |                  |                               |
| Part IX      | b) must equal Form 990<br>Other Assets. | 0, 1 alt A, COI. (I |                  |                       |                            |                  |                               |
| T UTC IX     |   | anization and       | wered "Yes"      | on Form 990 Part IV   | , line 11d. See Form 990   | Part X line 15   | 5                             |
|              |   |                     |                  | Description           | ,                          | ,                | (b) Book value                |
| (1) HZ       | ARRISBURG                               |                     |                  | ,                     |                            |                  | 1,250,000.                    |
|              | EWBURG                                  |                     |                  |                       |                            |                  | 10,738.                       |
|              | KLV PURCHAS                             | E                   |                  |                       |                            |                  | 705,000.                      |
|              | LENSIDE TRA                             |                     | ર                |                       |                            |                  | 124,000.                      |
|              | DTTSTOWN WP                             |                     |                  |                       |                            |                  | 30,470.                       |
|              | WAN LICENS                              | ES                  |                  |                       |                            |                  | 50,000.                       |
| (7) CZ       | ASH VALUE C                             | F LIFE              | INSURA           | NCE                   |                            |                  | 98,437.                       |
| (8)          |   |                     |                  |                       |                            |                  |                               |
| (9)          |   |                     |                  |                       |                            |                  |                               |
| Total. (Colu | ımn (b) must equal F                    | orm 990, Part       | X, col. (B) line | e 15.)                |                            |                  | ▶ 2,268,645.                  |
| Part X       | Other Liabilitie                        | es.                 |                  |                       |                            |                  |                               |
|              | Complete if the org                     | ganization ans      | wered "Yes"      | on Form 990, Part IV  | , line 11e or 11f. See For | m 990, Part X,   | line 25.                      |
| 1.           | <b>(a)</b> D                            | escription of I     | iability         |                       |                            |                  | (b) Book value                |
| (1) Feo      | deral income taxes                      |                     |                  |                       |                            |                  |                               |
| (2) DE       | EPOSIT ON S                             | ALE                 |                  |                       |                            |                  | 20,000.                       |
| (3)          |   |                     |                  |                       |                            |                  |                               |
| (4)          |   |                     |                  |                       |                            |                  |                               |
| (5)          |   |                     |                  |                       |                            |                  |                               |
| (6)          |   |                     |                  |                       |                            |                  |                               |
| (7)          |   |                     |                  |                       |                            |                  |                               |
| (8)          |   |                     |                  |                       |                            |                  |                               |
| (9)          |   |                     |                  |                       |                            |                  |                               |
|              | ımn (b) must equal F                    | ,                   | , , ,            | /                     |                            |                  | > 20,000.                     |
| 2. Liability | / for uncertain tax po                  | sitions. In Par     | t XIII, provide  | the text of the footn | ote to the organization's  | financial stater | ments 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... 🔽

| Sche | edule D (Form 990) 2021 FOUR RIVERS COMMUNITY BR   |             |                |         | 2809815 Page 4 |
|------|--|-------------|----------------|---------|----------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial State  | ements With | Revenue per R  | eturi   | า.             |
|      | 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       | 1,502,295.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                    |             |                |         |                |
| а    | Net unrealized gains (losses) on investments   | 2a          | -366,480.      |         |                |
| b    | Donated services and use of facilities   | 2b          | 41,090.        |         |                |
| с    | Recoveries of prior year grants  |             |                |         |                |
| d    |  |             |                |         |                |
| е    | Add lines <b>2a</b> through <b>2d</b>  |             |                | 2e      | -325,390.      |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   |             |                | 3       | 1,827,685.     |
| 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          | 16,836.        |         |                |
| b    | Other (Describe in Part XIII.)   | 4b          |                |         |                |
| с    | Add lines <b>4a</b> and <b>4b</b>  |             | 4c             | 16,836. |                |
| 5    | Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ) |             |                | 5       | 1,844,521.     |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stat   | ements Wit  | h Expenses per | Retu    | ırn.           |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line                                 | 12a.        |                |         |                |
| 1    | Total expenses and losses per audited financial statements   |             |                | 1       | 1,779,649.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                      |             |                |         |                |
| а    | Donated services and use of facilities   | 2a          | 41,090.        |         |                |
| b    | Prior year adjustments   | 2b          |                |         |                |
| с    | Other losses   |             |                |         |                |
| d    | Other (Describe in Part XIII.)   | 2d          |                |         |                |
| е    | Add lines 2a through 2d  |             |                | 2e      | 41,090.        |
| 3    | Subtract line 2e from line 1   |             |                | 3       | 1,738,559.     |
| 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          | 16,836.        |         |                |
| b    | Other (Describe in Part XIII.)   | 4b          |                |         |                |
| с    | Add lines <b>4a</b> and <b>4b</b>  |             |                | 4c      | 16,836.        |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                       |             |                | 5       | 1,755,395.     |
| Pa   | rt 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 X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINES THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN THE CURRENT AND PRIOR YEAR.

| SC   | SCHEDULE J   Compensation Information   |              |         |        |      |  |  |  |
|------|---|--------------|---------|--------|------|--|--|--|
|      | Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest   |              | 2021    |        |      |  |  |  |
| •    | Compensated Employees   |              | 2021    |        |      |  |  |  |
| Dene | tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  | C            | )pen to | Publ   | ic   |  |  |  |
|      | Department of the Treasury         httrach to Form 990.         ► Go to www.irs.gov/Form990 for instructions and the latest information.  |              |         |        |      |  |  |  |
| Nam  | -   | mployer iden |         |        | mber |  |  |  |
| _    | FOUR RIVERS COMMUNITY BROADCASTING CORP   | 23-280       | 981     | 5      |      |  |  |  |
| Pa   | rt I Questions Regarding Compensation   |              |         |        |      |  |  |  |
|      |   |              |         | Yes    | No   |  |  |  |
| 1a   | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99  | 90,          |         |        |      |  |  |  |
|      | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |              |         |        |      |  |  |  |
|      | First-class or charter travel   |              |         |        |      |  |  |  |
|      | Travel for companions Payments for business use of personal reside  | lence        |         |        |      |  |  |  |
|      | Tax indemnification and gross-up payments   |              |         |        |      |  |  |  |
|      | Discretionary spending account  | chef)        |         |        |      |  |  |  |
|      |   |              |         |        |      |  |  |  |
| b    | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   |              |         |        |      |  |  |  |
| ~    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  |              | 1b      |        |      |  |  |  |
| 2    | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |              | •       |        |      |  |  |  |
|      | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   |              | 2       |        |      |  |  |  |
| 2    | Indicate which if any of the following the experimetion used to establish the componentian of the experimetion's  |              |         |        |      |  |  |  |
| 3    | Indicate which, if any, of the following the organization used to establish the compensation of the organization's  | to           |         |        |      |  |  |  |
|      | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |              |         |        |      |  |  |  |
|      | Compensation committee Written employment contract  |              |         |        |      |  |  |  |
|      | Independent compensation consultant Compensation survey or study  |              |         |        |      |  |  |  |
|      | Form 990 of other organizations   | nmittee      |         |        |      |  |  |  |
|      |   | IIIIIIIII    |         |        |      |  |  |  |
| 4    | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |              |         |        |      |  |  |  |
|      | organization or a related organization:   |              |         |        |      |  |  |  |
| а    | Receive a severance payment or change-of-control payment?   |              | 4a      |        | Х    |  |  |  |
| b    | Participate in or receive payment from a supplemental nonqualified retirement plan?   |              | 4b      |        | Х    |  |  |  |
| с    | Participate in or receive payment from an equity-based compensation arrangement?  |              | 4c      |        | Х    |  |  |  |
|      | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |              |         |        |      |  |  |  |
|      |   |              |         |        |      |  |  |  |
|      | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |              |         |        |      |  |  |  |
| 5    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |              |         |        |      |  |  |  |
|      | contingent on the revenues of:  |              |         |        |      |  |  |  |
|      | The organization?   |              | 5a      |        | X    |  |  |  |
| b    | Any related organization?   |              | 5b      |        | X    |  |  |  |
|      | If "Yes" on line 5a or 5b, describe in Part III.  |              |         |        |      |  |  |  |
| 6    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |              |         |        |      |  |  |  |
|      | contingent on the net earnings of:  |              |         |        |      |  |  |  |
|      | The organization?   |              | 6a      |        | X    |  |  |  |
| b    | Any related organization?   |              | 6b      |        | X    |  |  |  |
| _    | If "Yes" on line 6a or 6b, describe in Part III.  |              |         |        |      |  |  |  |
| 7    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  |              |         |        | v    |  |  |  |
| -    | not described on lines 5 and 6? If "Yes," describe in Part III  |              | 7       |        | X    |  |  |  |
| 8    | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |              |         |        | v    |  |  |  |
| ~    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   |              | 8       |        | X    |  |  |  |
| 9    | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |              |         |        |      |  |  |  |
|      | Regulations section 53.4958-6(c)?   |              | 9       |        |      |  |  |  |
| LHA  | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | Schedule     | J (⊦orr | n 990) | 2021 |  |  |  |

Schedule J (Form 990) 2021

#### FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815

#### 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 |   |   |              | (E) Total of columns<br>(B)(i)-(D) | in column (B) |   |
|------------------------|------|--|---|---|--------------|------------------------------------|---------------|---|
| (A) Name and Title     |      | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation |                                    |               | reported as deferred<br>on prior Form 990 |
| (1) DAVID W BAKER      | (i)  | 154,599.   | 0.  | 0.  | 0.           | 41,562.                            |               | 0.  |
| TRUSTEE/VICE 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)  |  |   |   |              |                                    |               |   |
|                        | (ii) |  |   |   |              |                                    |               |   |
|                        | (i)  |  |   |   |              |                                    |               |   |
|                        | (ii) |  |   |   |              |                                    |               |   |
|                        | (i)  |  |   |   |              |                                    |               |   |
|                        | (ii) |  |   |   |              |                                    |               |   |
|                        | (i)  |  |   |   |              |                                    |               |   |
|                        | (ii) |  |   |   |              |                                    |               |   |
|                        | (i)  |  |   |   |              |                                    |               |   |
|                        | (ii) |  |   |   |              |                                    |               |   |
|                        | (i)  |  |   |   |              |                                    |               |   |
|                        | (ii) |  |   |   |              |                                    |               |   |

#### Part III Supplemental Information

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

Schedule J (Form 990) 2021

| SCHEDULE O  | Supplemental Information to Form 990 or 990  | -EZ OMB No. 1545-0047        |  |  |  |  |  |  |  |
|---|--|------------------------------|--|--|--|--|--|--|--|
| (Form 990)  | Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ. | <b>ZUZ</b><br>Open to Public |  |  |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service                      | Go to www.irs.gov/Form990 for the latest information.  | Inspection                   |  |  |  |  |  |  |  |
| Name of the organization FOUR RIVERS COMMUNITY BROADCASTING CORP 23-2809815 |  |                              |  |  |  |  |  |  |  |
| FORM 990, PA  | RT VI, SECTION A, LINE 2:  |                              |  |  |  |  |  |  |  |
| CHARLES W. 1  | OUGHERY, PRESIDENT, AND NANCY LOUGHERY, TREAS  | URER, ARE MARRIED.           |  |  |  |  |  |  |  |
| LAWRENCE H.   | LOUGHERY, SECRETARY, IS THE SON OF CHARLES W.  | LOUGHERY AND                 |  |  |  |  |  |  |  |
| NANCY LOUGHE  | RY, BOARD PRESIDENT AND TREASURER. CHARLES C   | . LOUGHERY,                  |  |  |  |  |  |  |  |
| TRUSTEE, IS   | THE SON OF CHARLES W. LOUGHERY AND NANCY LOUG  | HERY, BOARD                  |  |  |  |  |  |  |  |
| PRESIDENT AN  | D TREASURER.   |                              |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |
| FORM 990, PA  | RT VI, SECTION B, LINE 11B:  |                              |  |  |  |  |  |  |  |
| THE RETURN I  | S REVIEWED BY THE TRUSTEES FOR ACCURACY.   |                              |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |
| FORM 990, PA  | RT VI, SECTION B, LINE 12C:  |                              |  |  |  |  |  |  |  |
| A CONFLICT C  | F INTEREST LIST MUST BE SUBMITTED ANNUALLY.  |                              |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |
| FORM 990, PART VI, SECTION B, LINE 15A:                                     |  |                              |  |  |  |  |  |  |  |
| COMPENSATION BASED UPON SIMILAR SALARIES IN THE BROADCAST INDUSTRY,         |  |                              |  |  |  |  |  |  |  |
| INLUDING PHI  | LADELPHIA REGION FOR BOTH COMMERCIAL AND NON   | PROFIT BROADCAST             |  |  |  |  |  |  |  |
| RADIO STATIC  | NS. SOME SALARY INFORMATION IS GARNERED FROM   | 990 RETURNS FOUND            |  |  |  |  |  |  |  |
| <u>ON A 990 FOU</u>   | NDATION WEBSITE FOR COMPARABILITY.   |                              |  |  |  |  |  |  |  |

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

DISCLOSURES, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE RADIO STATION.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR.