### EXTENDED TO AUGUST 15, 2023

Form **991** 

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, and ending SEP 30, 2022 Open to Public Inspection

В	Check if applicable	C Name of organization	<u> </u>	D Employer	identific	ation number		
Г	Addre	PITTSBURGH COMMUNITY BROADCASTING						
	Name chang	WIND OI SEM MEGA OO FEM		23-7	25705	55		
	Initial return	•	Room/suite	E Telephone number				
	Final return termin			412-	381-9			
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipt		7,221,398.		
F	return	FILISDORGII, FA ISZUS-IISZ		H(a) Is this a				
L	tion pendi	F Name and address of principal officer: TERENCE O RETUDI	12 111		ordinates'			
_	T	empt status: $\times$ 501(c)(3) $\longrightarrow$ 501(c) ( ) $\rightarrow$ (insert no.) $\longrightarrow$ 4947(a)(1) o		<del>-</del>		cluded? Yes No		
		empt status: (♣) 501(c)(s)		H(c) Group e				
		organization: X Corporation Trust Association Other				State of legal domicile: PA		
_	art I	Summary	<b>L</b> 1001	01101111411011; =	101	Otato or logar dormono, = ==		
_	T 1	Briefly describe the organization's mission or most significant activities: TO CF	REATE	AND DIS	TRIBU	JTE TRUSTED		
Governance		CONTENT, BUILD CONNECTIONS AND STRENGTHEN	N OUR	COMMUNI	TY TI	HROUGH		
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of i	its net as:	sets.		
8	3	Number of voting members of the governing body (Part VI, line 1a)				20		
		Number of independent voting members of the governing body (Part VI, line 1b)				20		
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)				78		
₹		Total number of volunteers (estimate if necessary)				250		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12				<u> </u>		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year				
	8	Contributions and grants (Part VIII, line 1h)		1,219,		Current Year 7,021,053.		
Revenue		Program service revenue (Part VIII, line 2g)			858.	26,600.		
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			368.	130,729.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			936.	43,016.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,248,		7,221,398.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,173,		4,768,481.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,396,14	, <u>,</u> L		0.	0.		
Ϋ́	b			407	941.	2,383,960.		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,671,		7,152,441.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-423,		68,957.		
- L	3	nevertue less experises. Subtract line 16 front line 12		eginning of Curre		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	ا ا	15,450,		14,757,742.		
ASS	21	Total liabilities (Part X, line 26)		587,		271,282.		
Ese	22	Net assets or fund balances. Subtract line 21 from line 20		14,863,	032.	14,486,460.		
P	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			-	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowle	dge.			
		Signature of officer		 Date				
Sig				Date				
Here		TERENCE O'REILLY, PRESIDENT & CEO Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date	Check	TI PTIN		
Pai	d	RICHARD E. DYNOSKE RICHARD E. DYNOS			if self-employed			
	parer	Firm's name GROSSMAN YANAK & FORD LLP		Firm's		25-1638525		
	Only	Firm's address THREE GATEWAY CTR STE 1800		1				
	-	PITTSBURGH, PA 15222		Phone	e no. ( <b>4</b> 1	L2)338-9300		
Ma	v the II	RS discuss this return with the preparer shown above? See instructions				X Yes No		

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO CREATE AND DISTRIBUTE TRUSTED CONTENT, BUILD CONNECTIONS AND
	STRENGTHEN OUR COMMUNITY THROUGH PUBLIC MEDIA.
	TREMCTION OUR COMMONTH TIMOUGH TODDIC MEDIT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,582,509 • including grants of \$ ) (Revenue \$ 26,600 • )
	THE CORPORATION OPERATES COMMUNITY-LICENSED PUBLIC RADIO STATIONS, 90.5
	WESA AND 91.3 WYEP. 91.3 WYEP BROADCASTS A DIVERSE OFFERING OF ADULT
	ALTERNATIVE MUSIC, PROVIDES COMMUNITY EDUCATION PROGRAMS, AND PRESENTS
	A LARGE NUMBER OF HIGHLY VISIBLE EVENTS AND CONCERTS TO WESTERN
	PENNSYLVANIA AND SURROUNDING REGIONS. 90.5 WESA PROVIDES A NATIONAL
	PUBLIC RADIO (NPR) NEWS AND INFORMATION FORMAT, DEDICATED TO INFORMING
	PEOPLE IN WAYS THAT ENGAGE AND INSPIRE DIALOGUE ABOUT GLOBAL, NATIONAL,
	AND COMMUNITY ISSUES. BOTH STATIONS PLAY AN ACTIVE ROLE IN ENGAGING
	THE COMMUNITY THROUGH ONLINE AND MOBILE SERVICES AND IN-PERSON EVENTS,
	AND HAVE A PROMINENT VOICE IN PITTSBURGH'S CIVIC AND CULTURAL AFFAIRS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
·u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 4,582,509.
	Form <b>990</b> (2021)

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### PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form 990 (2021) CORPORATION
Part IV Checklist of Required Schedules

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<del></del>
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
ŭ	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I G		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<del></del>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	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	110		
•	the organization's separate of consolidated limit class 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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı <del>-t</del> a		<del></del>
U	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		х
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	140		<del></del>
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del>
16		46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	- 21	$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form 990 (2021) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b 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 Х 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	78			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c	Х	

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

					Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		70					
	filed for the calendar year ending with or within the year covered by this return	2a	78	2b	Х			
b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
	<ul> <li>a Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> </ul>							
	At any time during the calendar year, did the organization have an interest in, or a signature or other			3b				
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х		
h	<b>b</b> If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ excess \ partly \ excess \ e$	vices p	rovided 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 w	as requ	uired			l		
	to file Form 8282?	I I		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		X		
е	J , , , , , , , , , , , , , , , , , , ,							
f	3 7 3 7 71 7 7 3 7 1							
g								
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h	Х			
0				8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the agree of a constitution and a great scale of the state of the			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a				
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa				
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıt incor	ne?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic control and analytic control and an analytic control and an analytic control and an an		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ĭ	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	
	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 ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,,	,	
	X 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, as	nd fina	ncial	
	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			
	TERENCE O'REILLY - 412-697-2952			
	67 REDEORD SOLLARE PITTESRIEGH PA 15203-1152			

### Form 990 (2021) 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.

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

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

Name and title	_				C)			(D)	(E)	(F)
	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box,	, unles	ss pe	rson i	is botl or/trus	h an	compensation	compensation	amount of
	week (list any	$\vdash$				uo	,	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
c	organizations	Itrus	nal tru		oyee	omb(		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4) #7777777 0 7777777	line) 40.00	lnd	lus	JJ0	Ke	Hig	Por			
(1) TERENCE O'REILLY	40.00			х				289,400.	0.	0.
PRESIDENT AND CEO	40.00			Λ				203,400.	0.	0.
(2) JOHN SUTTON	40.00			х				197,810.	0.	0.
VP, AUDIENCES AND REVENUE (3) CHRISTOPHER CAPATO	40.00			Δ				197,010.	0.	0.
VP, FINANCE AND ADMINISTRA	40.00			Х				150,974.	0.	0.
(4) COURTNAE TURKO	40.00			22				130,374.	0.	<u> </u>
SENIOR VICE PRESIDENT	10.00			х				119,699.	0.	0.
(5) HAROLD HAYES	1.00								•	
SECRETARY		х		х				0.	0.	0.
(6) PAUL PURDY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TOM PETZINGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DINA CLARK	1.00									_
VICE CHAIR		Х		Х				0.	0.	0.
(9) DAVID EHRENWERTH	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) DAVID GURWIN	1.00									
BOARD MEMBER	4 00	Х						0.	0.	0.
(11) MAXWELL KING	1.00								•	
CHAIR	1 00	Х		Х				0.	0.	0.
(12) EUGENE O'SULLIVAN	1.00	,,		37					0	0
TREASURER	1.00	Х		Х				0.	0.	0.
(13) PAMELA CONNELLY	1.00	х						0.	0.	0.
BOARD MEMBER	1.00	Δ						0.	0.	0.
(14) RALPH EGERMAN	1.00	х						0.	0.	0.
BOARD MEMBER (15) JAMES GIBBS	1.00	Δ						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) ROBERT HILL	1.00	22						0.	0 •	0.
BOARD MEMBER		х						0.	0.	0.
(17) GUNJAN KHANNA	1.00	<del></del>				$\vdash$				
BOARD MEMBER		х						0.	0.	0.

PITTSBURGH COMMUNITY BROADCASTING Form 9<u>90 (2021)</u> 23-7257055 CORPORATION Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations (ey employee 1099-NEC) and related below organizations Officer line) 1.00 (18) KATIE O'MALLEY BOARD MEMBER 0. 0. 0. X (19) HERKY POLLOCK 1.00 X 0 0. 0. BOARD MEMBER (20) JULIEN SCRANTON 1.00 X 0 0. 0. BOARD MEMBER (21) SUSAN APEL 1.00 X 0 0. BOARD MEMBER 0. (22) JUSTIN BECK 1.00 0. 0 BOARD MEMBER Х Ο. (23) PAULA DAVIS 1.00 X 0. 0. 0. BOARD MEMBER (24) LAN YIN 40.00 X 0. 0. 0. CONTROLLER 40.00 (25) CINDI LASH X 0. 0. 0. CHIEF EDITOR 40.00 (26) MIKE SAUTER STATION Х VP BROADCASTING 0 0 0. 0. 757,883. 0. 1b Subtotal Ō. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 757,883. d Total (add lines 1b and 1c) ... Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 5 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but	t not limited to those lis	ted above) who received more than	

\$100,000 of compensation from the organization

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Form 990 (2021) CORPORA!
Part VIII Statement of Revenue

		Check if Schedule O c	ontaine a roenanca	or note to any li	oo in this Bort VIII			
		Crieck ii Scrieddie O C	oritaliis a response	or flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
					Total Tovolido		business revenue	
								sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
iza Ou	b	Membership dues	1 <sub>b</sub> 3,	120,600.				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
# Z		Related organizations						
B;°		Government grants (contri		413,474.				
Sign		All other contributions, gifts, g		,				
e E	'			486,979.				
[등문]		similar amounts not included a		164,820.	-			
g	g				7 001 050			
O B	h	Total. Add lines 1a-1f			7,021,053.			
				Business Code				
e S	2 a	JAZZ WORKS		900099	26,600.	26,600.		
ه چ	b	·						
S Z	С		_					
eve	d							
Program Service Revenue	е							
۲.	f	All other program service r	revenue					
	'	Total. Add lines 2a-2f			26,600.			
$\dashv$	3	Investment income (includ			20,000			
	3	·	-		130,729.			130,729.
		other similar amounts)			130,729.			130,729.
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	h	Less: cost or other basis						
<u>o</u>		and sales expenses	7h					
en l	_	ľ	7b 7c		-			
Revenue		٠ , ا						
F		Net gain or (loss)		<b>P</b>				
ther	8 a	Gross income from fundraisin						
Ò		including \$	of					
		contributions reported on l	line 1c). See					
		Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from f	undraising events					
	9 a	Gross income from gaming	g activities. See					
		Part IV, line 19	· I					
	h	Less: direct expenses						
		Net income or (loss) from g		<u> </u>				
	и а	Gross sales of inventory, le	l l					
		and allowances						
		Less: cost of goods sold						
$\longrightarrow$	С	Net income or (loss) from s	sales of inventory					
<u>s</u>				Business Code	/2 21	10.015		
ا <u>ه</u> ه	11 a	OTHER INCOME	_	515100	43,016.	43,016.		
an	b							
Miscellaneous Revenue	С							
ĭš. R	d	All other revenue						
_		Total. Add lines 11a-11d		<b></b>	43,016.			
	12	Total revenue See instruction			7.221.398.	69,616.	0.	130.729.

### PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,967,650. 2,561,263. 549,535. 856,852. Other salaries and wages 7 Pension plan accruals and contributions (include 205,349 131,486. 24,997. 48,866. section 401(k) and 403(b) employer contributions) 215,382. 17,604. 295,628. 62,642. 9 Other employee benefits 299,854. 193,958. 41,227. Payroll taxes 64,669. 10 Fees for services (nonemployees): 11 a Management 48,281. 3,819. 44,462. Legal 65,320. 65,320. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 73,639. 58,881. 132,520. column (A), amount, list line 11g expenses on Sch O.) 125,189. 114,627. 10,263. 299. Advertising and promotion 12 63,154. 306,310.18,594. 224,562. 13 Office expenses 74,965. 55,297. 348. 19,320. Information technology 14 Royalties 15 118,251. 2,203. 116,008. 40. 16 Occupancy 12,469. 6,134. 5,648. <u>687.</u> 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 2,149. 2,149. Interest 20 Payments to affiliates ..... 21 156,454. 156,454. Depreciation, depletion, and amortization ..... 22 60,517. 28,898. 31,619. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) ON AIR PROGRAMMING/TRAN 1,050,882. 1,050,632. 250. 4,720. PROFESSIONAL DEVELOPMEN 97,681. 14,776. 78,185. **ALLEGHENY FRONT** 60,459. 60,459. 29,724. 29,724. PREMIUMS 42,789. 4,061. 14,918. 23,810. e All other expenses 7,152,441. 4,582,509. 1,173,788. 1,396,144. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,618,429.	1	2,344,182.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	109,900.	3	275,395.
	4	Accounts receivable, net	274,446.	4	263,368.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ठ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	76,600.	9	78,167.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,186,806.			
	b	Less: accumulated depreciation 10b 2,138,344.	2,948,976.	10c	3,048,462.
	11	Investments - publicly traded securities	3,884,061.	11	3,048,462. 3,217,735.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	5,538,203.	14	5,530,433.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,450,615.	16	14,757,742.
	17	Accounts payable and accrued expenses	45,312.	17	60,095.
	18	Grants payable		18	
	19	Deferred revenue	153,339.	19	124,390.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	200,000.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	188,932.	25	86,797.
	26	Total liabilities. Add lines 17 through 25	587,583.	26	271,282.
w		Organizations that follow FASB ASC 958, check here ▶ X			
čě		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	11,493,828.	27	11,499,525.
B	28	Net assets with donor restrictions	3,369,204.	28	2,986,935.
ğ		Organizations that do not follow FASB ASC 958, check here			
Ŧ		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	14,863,032.	32	14,486,460.
	33	Total liabilities and net assets/fund balances	15,450,615.	33	14,757,742.

Form **990** (2021)

23-7257055 Page **12** CORPORATION Form 990 (2021)

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	7,22	1,3	98.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,15		
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,86		
5	Net unrealized gains (losses) on investments	5	-80		
6	Donated services and use of facilities	6	36	1,0	79.
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	14,48	6,4	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CORPORATION 23-7257055 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7585441.	6442219.	6873999.	12284322.	7021053.	40207034.
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		6110010	605000	1000100	5001050	1000000
4	Total. Add lines 1 through 3	7585441.	6442219.	6873999.	12284322.	7021053.	40207034.
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,						4177004
	column (f)						4177984.
6	Public support. Subtract line 5 from line 4.						36029050.
		(-) 0047	(1-) 0040	1-10010	(-t) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017 7585441.	(b) 2018 6442219.	(c) 2019 6873999	(d) 2020 12284322.	(e) 2021 7021053	(f) Total 40207034.
	Amounts from line 4	7303441.	0442219.	0013999.	12204322.	7021033.	40207034.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	40,044.	70,425.	40,931.	78,085.	130,729.	360,214.
9	Net income from unrelated business	10,0111	7071231	10/3311	70,0031	13077230	300,211
9	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.)	110,385.	71,056.	43,803.	5,550.	69,616.	300,410.
11	<b>Total support.</b> Add lines 7 through 10						40867658.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (	line 6, column (f), d	divided by line 11,	column (f))		14	88.16 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	85.84 %
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		•		•		,
	organization meets the facts-and-circ			•		***************************************	<b>&gt;</b>
18	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instruction	ıs

### 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	, 1	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	1					
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	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,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11							
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2021 (I					15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					Land	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						I / IS not
	more than 33 1/3%, check this box a						<b>P</b>
k	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						

### 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	ıu		
	4.		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
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	U		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
علىك	A (Forr	n 990	2021
		555	

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Pa	t IV Supporting Organizations (continued)			igo <b>o</b>
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
	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 <b>Part VI</b> .	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			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
202	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

# PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Schedule A (Form 990) 2021

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2021

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	, ,,	<u> </u>	(COI III I I	cu,	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	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	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	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				
с	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

23-7257055 Page 8 CORPORATION Schedule A (Form 990) 2021

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

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
RICHARD KING MELLON FOUNDATION	1,305,000.	487,647.
THE HILLMAN FOUNDATION	1,350,000.	532,647.
CORPORATION FOR PUBLIC BROADCASTING	1,381,396.	564,043.
ANONYMOUS	3,411,000.	2,593,647.
Total Excess Contributions to Schedule A, Part II, Line 5		4,177,984.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number

23-7257055

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributior is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \frac{1}{2} \frac{1}					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	HILLMAN FOUNDATION  310 GRANT ST # 2020  PITTSBURGH, PA 15219	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	EDEN HALL FOUNDATION  600 GRANT STREET, SUITE 5050  PITTSBURGH, PA 15219	\$150,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

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

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION
Employer identification number
23-7257055

	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)			
lo. n t I	Use duplicate copies of Part III if additional  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
(e) Transfer of gift						
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee			
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of git	 Insfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of git				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
+		(e) Transfer of git	ft			
		.=				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

PITTSBURGH COMMUNITY BROADCASTING

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CORPORATION

Employer identification number 23-7257055

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	f a historically impo	ortant land area
	Protection of natural habitat	Preservation of	f a certified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.			at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization dur	ing the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easeme	nts during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements d	uring the year
_	<b>&gt;</b> \$		. (, ) ( () ()	
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			L Yes L No
9	In Part XIII, describe how the organization reports conservat	·		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describe	es the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections o	f Art Historical Treasures or C	ther Similar A	.ssets
. u	Complete if the organization answered "Yes" on Form		outer curiniar 7	100010.
	If the organization elected, as permitted under FASB ASC 95		and halance sheet	works
ıa	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its fina			10
h	If the organization elected, as permitted under FASB ASC 95			rke of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	combiner, education, or rescaren in fair	riciance of public	oci vice,
			• •	
	(i) Revenue included on Form 990, Part VIII, line 1		·	
2	(ii) Assets included in Form 990, Part X			
~	the following amounts required to be reported under FASB A		ai gairi, piovide	
•	Revenue included on Form 990, Part VIII, line 1		▶ \$	
a	Assets included in Form 900 Part Y			

Schedule D (Form 990) 2021

CORPORATION

23-7257055 Page 2	2
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Par	T III	Organizations Maintaining C	collections of Ar	t, Historical Tre	easures, or (	Other	Similar <i>I</i>	Assets(c	ontinuea	)
3	Using '	the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	ake sigr	nificant use	of its		
	collect	ion items (check all that apply):								
а	F	Public exhibition	d	Loan or excl	nange program					
b		Scholarly research	е	Other						
С	F	Preservation for future generations								
4	Provid	e a description of the organization's co	ollections and explain	n how they further th	ne organization's	s exemp	t purpose i	n Part XII		
5	During	the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other s	imilar as	ssets		_	_
		sold to raise funds rather than to be ma						Ye		No_
Par	rt IV	<b>Escrow and Custodial Arran</b>	- :	te if the organization	n answered "Ye	s" on Fo	orm 990, Pa	art IV, line	9, or	
		reported an amount on Form 990, Par								
1a		organization an agent, trustee, custodi							_	_
		m 990, Part X?						L Ye	es L	No
b	If "Yes	," explain the arrangement in Part XIII	and complete the fol	llowing table:				Δ		
							<b>.</b>	An	ount	
С.		ning balance					1c			
		ons during the year					1d			
e		utions during the year					1e			
f O-		balance								No
		e organization include an amount on Fo				-		L Ye		
Par		.," explain the arrangement in Part XIII. Endowment Funds. Complete it							Ь	
		Zirad William Tariadi Complete I	(a) Current year	(b) Prior year	(c) Two years ba			back (e)	Four year	s back
1a	Reginn	ning of year balance	2,961,564.	3,000,000.	( <b>-)</b>	(-,		(0)	,	
b		outions	_,,	.,,	3,143,4	60.				
c		vestment earnings, gains, and losses	-532,646.	-38,436.	-143,4					
d		s or scholarships	, , , , , ,	γ						
		expenditures for facilities								
		ograms								
f		istrative expenses								
g		year balance	2,428,918.	2,961,564.	3,000,0	00.				-
2		e the estimated percentage of the curi	rent year end balanc	e (line 1g, column (a	i)) held as:	•		•		
а		designated or quasi-endowment	•	%						
b	Perma	nent endowment ► 100	%	_						
С	Term e	endowment >	<del></del> %							
	The pe	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are the	ere endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the	organizatio	n		
	by:								Yes	No
	(i) Ur	related organizations						<u>3</u>	a(i)	X
		elated organizations							a(ii)	X
b		" on line 3a(ii), are the related organiza						L	3b	
4		be in Part XIII the intended uses of the		wment funds.						
Par	rt VI	Land, Buildings, and Equipm								
		Complete if the organization answere				-		1		
		Description of property	(a) Cost or of				ımulated	(d)	Book val	ue
			basis (investr	,	,	depre	ciation		637	117
					7,417. 4,396.	1 24	9,207		637,4 735,3	
		igs			6,470.		4,982		411,	
		nold improvements			8,523.		$\frac{4,902}{4,155}$		$\frac{411,7}{264,3}$	
		ment		1,05	0,343.	13	±,100	+	204,.	
		nes 1a through 1e. (Column (d) must e		V column (P) line 1	00)			7	048,	162
ıota	. Add III	nes ra mrough re. (Column (a) must e	quai roiiii 990, Part	∧, coluitili (b), lifle T	<i>uu.)</i>		<b>P</b>	<u>, , , , , , , , , , , , , , , , , , , </u>	0 - 0 ,	<u> </u>

Schedule D (Form 990) 2021

CORPORATION

2	3 –	7	2	5	7	0	5	5	Page (	3

Part VI	Investments - Other Securities.			•
	Complete if the organization answered "Yes"			
(a) Desci	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	cial derivatives			
	ly held equity interests			
(3) Other				
(A)			_	
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	. (b) must equal Form 990, Part X, col. (B) line 12.)			
	III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ie 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	_	on Form 000 Dort IV lin	and the Conformation Doubly line 15	
	Complete if the organization answered "Yes"	on Form 990, Part IV, III Description	le 11d. See Form 990, Part X, line 15.	(b) Book value
(4)	(a)	Description		(b) DOOK Value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ie 11e or 11f. See Form 990, Part X, line 2	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			
(2) <b>U</b>	NDERWRITING PAYABLE			86,797.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		05.)		06 707
	olumn (b) must equal Form 990, Part X, col. (B) line			86,797.
	ty for uncertain tax positions. In Part XIII, provide		_	·
organ	ization's liability for uncertain tax positions under	TASB ASC 740. Check	riere if the text of the footnote has been p	rovided in Part XIII LA

23-7257055 Page 4

	t VI December 11 at the set December 2021 The set of December 2021		. D		237033 Fage -
Pa	rt XI Reconciliation of Revenue per Audited Financial State		n Revenue per H	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			C 775 0C0
1				1	6,775,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	006 600		
а	Net unrealized gains (losses) on investments		-806,608.		
b	Donated services and use of facilities	1 1	361,079.		
С	Recoveries of prior year grants				
d	7	2d			445 500
е	Add lines 2a through 2d			2e	-445,529
3	Subtract line 2e from line 1			3	7,221,398.
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				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,221,398.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				- 450 444
1	Total expenses and losses per audited financial statements			1	7,152,441.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,152,441.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,152,441.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	art IV, lines 11	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 a	additional info	rmation.		
PA]	RT V, LINE 4:				
TH:	E ENDOWMENT FUND WAS CREATED DURING JUNE	30, 20	21 PERIOD F	ROM	AN
AN(	ONYMOUS DONOR. IN JULY OF 2021 THE FUNDS	WILL B	E TRANSFERR	ED 7	O AN

INVESTMENT ACCOUNT AND WILL BE INCLUDED IN INVESTMENTS AS OF SEPTEMBER 30, 2021. THE FUNDS ARE NOT TO BE USED FOR OPERATIONS.

### PART X, LINE 2:

MANAGEMENT HAS ASSESSED THE CORPORATION'S TAX POSITIONS AND CONCLUDED THAT THERE WERE NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2022. THE CORPORATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE YEARS BEFORE JUNE 30, 2018.

Schedule D	(Form 990) 2021	CORPORATION	23-7257055 Page 5
Part XIII	(Form 990) 2021 <b>Supplemental Info</b>	mation (continued)	
-			

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23 – 7257055

required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) QCSS, INC. - 21925 W FIELD Yes No PARKWAY, DEER PARK, IL 60010 PHONE SOLICITATION Х 26,897 26,897 0. 26,897. 26,897. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990) 2021

CORPORATION

23-7257055 Page 2

		of fundraising event contributions and gr	oss income on Form 990	D-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through				
e			(event type)	(event type)	(total number)	- col. <b>(c)</b> )				
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
S	5	Noncash prizes								
xpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
	8 9	Entertainment Other direct expenses								
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		<b>&gt;</b>					
_	11									
Pa	ırt I		answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
<u> </u>	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	Ť		Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	□ No					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>					
а	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:									
	Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

Schedule G (Form 990) 2021 CORPORATION Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % % b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address -15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \_\_\_\_\_ Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: **16** Gaming manager information: Name > Gaming manager compensation ▶ \$\_\_\_\_\_ Description of services provided > Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) CORPORATION	23-7257055 Page 4
Schedule G (Form 990) CORPORATION  Part IV Supplemental Information (continued)	

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
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:			37
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			Х
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7		_		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		$\vdash$
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	l	ı

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

Schedule J (Form 990) 2021

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

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

23-7257055

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TERENCE O'REILLY	(i)	268,605.	0.	20,795.	0.	0.	289,400.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN SUTTON	(i)	180,671.	0.	17,139.	0.	0.	197,810.	0.
VP, AUDIENCES AND REVENUE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER CAPATO	(i)	136,233.	0.	14,741.	0.	0.	150,974.	0.
VP, FINANCE AND ADMINISTRA	(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)							

# PITTSBURGH COMMUNITY BROADCASTING

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

Par	tΙ	Types	s of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lir	on	<b>(d</b> ) Method of d noncash contrib	etermir	_	
1	Art -	Works of	art								
2			treasures								
3			l interests								
4			blications								
5			nousehold goods								
6			r vehicles	X	51	68.1	68.	KELLEY BLUE	: BO	OK .	VAT
7			nes			0072					
8			pperty								
9			blicly traded	X	8	96.6	52.	FAIR MARKET	¹ VA	LUE	
10			osely held stock			3070					
11			rtnership, LLC, or								
••		t interests									
12			scellaneous								
13			ervation contribution -								
13	-		ures								
14			ervation contribution - Other								
15			Residential								
16			Commercial								
17			Other								
18											
19											
20			dical supplies								
21											
22			acts								
23			cimens								
24			artifacts								
25		er 🕨	(								
26		er 🕨	(								
27		er 🕨	, , ,								
28		er 🕨	(								
29			rms 8283 received by the organi	ization durin	g the tax vear for c	ontributions					
			organization completed Form 82				,				
			,	, ,						Yes	No
30a	Durir	na the vea	ar, did the organization receive b	v contributio	on any property rea	oorted in Part I. lines 1	throu	gh 28, that it			
		•	at least three years from the dat	•		•		,			
			ses for the entire holding period						30a		X
b			ribe the arrangement in Part II.								
31						31		X			
		-	nization hire or use third parties	•	•	•					
		ributions?	·		-	· · ·			32a		X
b			ibe in Part II.								
33		•	tion didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a)	is che	cked,			
		cribe in Pa		` '		. ( )		•			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

# PITTSBURGH COMMUNITY BROADCASTING

Schedule M	(Form 990) 2021	CORPORATION	23-7257055	Page 2
Part II	Supplemental is reporting in Part	Information. Provide the information required by Part I, lines 30b, 32b, and 33, I, column (b), the number of contributions, the number of items received, or a comb diditional information.	and whether the organizat pination of both. Also comp	ion
	· ,			
-				

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PUBLIC MEDIA.

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

**Employer identification number** 23-7257055

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

FORM 990, PART VI, SECTION A, LINE 3:

BETWEEN THE FORMER FINANCE VP, THE FINANCE VP AND THE CONTROLLER, ORGANIZATION HIRED A TEMPORARY CFO ON CONTRACT FOR TWO MONTHS.

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

THE CEO, THE CONTROLLER AND THE FINANCE AND INVESTMENT COMMITTEE CHAIR WILL REVIEW THE FORM 990 AND WILL ADDRESS ANY QUESTIONS TO THE PREPARER. THE CONTROLLER WILL E-MAIL A PDF COPY OF THE FORM 990 TO ALL BOARD MEMBERS. BOARD MEMBERS ARE REQUIRED TO REVIEW THE FORM 990 AND PROVIDE ANY CHANGES OR QUESTIONS BY A SET DEADLINE. ONCE QUESTIONS AND CHANGES ARE ADDRESSED, THE FORM 990 IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C:

FOR PITTSBURGH COMMUNITY BROADCASTING CORPORATION ANY CONFLICTS ARE DISCUSSED BY THE BOARD AND THE CEO AND ADDRESSED ACCORDINGLY.

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

COMPENSATION FOR PITTSBURGH COMMUNITY BROADCASTING CORPORATION'S CEO IS SET BY THE BOARD, BASED ON PROFESSIONAL EXPERIENCE, PERFORMANCE AGAINST GOALS, AND ANAYLSIS OF COMPARABLE MARKETS. ALL OTHER WAGES ARE SET BASED ON COMPARABILITY DATA SUCH AS COMPENSATION LEVELS PAID BY SIMILAR ORGANIZATIONS AND THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC

AREA OF PITTSBURGH.

Grossman Yanak & Ford, LLP Certified Public Accountants Three Gateway Center Suite 1800 Pittsburgh, PA 15222

February 23, 2023

Pittsburgh Community Broadcasting Corporation 67 Bedford Square Pittsburgh, PA 15203-1152 Attention: Terence O'Reilly

Dear Terence:

We have prepared and enclosed your 2021 Pennsylvania Charitable Organization Registration Statement. The report should be signed, dated, and mailed as indicated.

PENNSYLVANIA FORM BCO-10:

The Pennsylvania Form BCO-10 should be mailed on or before August 15, 2023 to:

Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120

Enclose a check or money order for \$250.00, payable to Commonwealth of Pennsylvania.

The report should be signed and dated by the authorized individual(s).

A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Richard E. Dynoske Director - Tax Services Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

# **Charitable Organization Registration Statement**

BCO-10 (rev. 2/2022)

Fee: See instructions

Certifi	cate number: 329  (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at				
		least one of the following must apply:				
Fiscal	year ended: 09/30/2022	Organization is exempt from registration because				
FEIN:	23-7257055	Organization does not solicit contributions in				
		Pennsylvania				
1.	Legal name of organization: PITTSBURGH COMMUN	NITY BROADCASTING CORPORATION				
	Check if name change and give previous name					
2.	All other names used to solicit contributions:					
	WYEP 91.3 FM, WESA 90.5 FM					
•	Outlet a server BEDENIGE OLDETLIN					
3.	Contact person: TERENCE O'REILLY	Contact's E-mail: TOREILLY@WESA.FM				
4.	Principal address of organization:	Mailing address: (if different than principal address):				
	67 BEDFORD SQUARE					
	PITTSBURGH					
	PA 15203-1152					
	County: ALLEGHENY	Phone number: 412-697-2922				
	800 number:	Fax number: 412-381-9126				
	Email (if different than Contact's email):					
	Website: WWW.PITTSBURGHCOMMUNITYBROADCASTING.ORG					
5.	<ol> <li>Type of organization (e.g. non-profit corporation, unincorporated association, etc.):</li> <li>NON-PROFIT CORPORATION</li> </ol>					
	Where established: PITTSBURGH, PA	Date established:* 07/25/1972				

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

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6.	e and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in sylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate t if necessary)						
SAME AS ABOVE							
	<u>·</u>						
7.	Short form registration applicability - Specified types of charitable organizations described in 1/4 62.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":						
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust						
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.						
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities						
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.						
	X Not Applicable						
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.						
	Items 8 and 9 are required to be completed by initial registrants only						
8.	Date organization first solicited contributions from Pennsylvania residents:  MM DD YYYY						
	Other						
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.						
	Other						
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.						

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10.	Has the organization been granted IRS tax-exempt status? X Yes No					
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.					
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.					
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable					
	schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.					
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)					
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):					
	DIRECT MAIL, TELEMARKETING, ON-AIR (BROADCAST) MEMBERSHIP CAMPAIGNS, BUSINESS UNDERWRITING OF ON-AIR PROGRAMMING.					
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.					
	BROADCASTING A DIVERSE OFFERING OF ADULT ALTERNATIVE MUSIC,					
	PROVIDING COMMUNITY EDUCATION PROGRAMS, PRESENTING A LARGE NUMBER OF HIGHLY VISIBLE EVENTS AND CONCERTS IN THE REGION, PROVIDING A					
	NATIONAL PUBLIC RADIO NEWS AND INFORMATION FORMAT, AND ENGAGING THE					
	COMMUNITY THROUGH ONLINE AND MOBILE SERVICES AND IN-PERSON EVENTS. PROGRAMS ARE IN EXISTENCE.					
14.	Is the organization registered to solicit contributions in any other state or municipality?					
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)					
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in					
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)  X Yes No					
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania					
	residents:   O6/01/2015  Month Day Year					
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to					
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all					
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)					
	SEE STATEMENT 1					

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17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)					
	SEE STATEMENT 2					
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)					
	N/A					
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?					
	(See note "Affiliate and Parent Organization")  Yes X No Not Applicable  If "Yes," give all names and certificate numbers of the affiliate organizations:  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)					
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes X No Not Applicable					
	If "Yes," provide the name and, if available, certificate number of the parent organization.  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)					
	Legal name of parent organization Pennsylvania certificate number					
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)					
	SEE STATEMENT 3					

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22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities: SEE STATEMENT 4 B. Have final responsibility for the custody of contributions: TERENCE O'REILLY 67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152 C. Have final responsibility for final distribution of contributions: TERENCE O'REILLY 67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152 D. Are responsible for custody of financial records: TERENCE O'REILLY 67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: Yes X No A. Any other officer, director, trustee, or employee? B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\* SEE STATEMENT 5 X Yes No \*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other Yes X No jurisdiction? B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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**Certification -** This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signatur	re of Chief Fiscal Officer	Date
TERE	NCE O'REILLY, PRESIDENT & CEO	
Type or	print name and title of Chief Fiscal Officer	
Signatu	e of Other Authorized Officer	Date
Type or	print name and title of Other Authorized Officer	
1,700 01		
Ched	cklist for registration:	
	Completed registration statement properly signed and dated.	
X	A copy of the IRS 990/990EZ/990PF/990N Return and required	d schedules,
	signed and dated by an authorized officer	
	Public Disclosure Form BCO-23 (if required)	
X	Applicable Financial Statements (audited, reviewed, compiled of	or internally prepared)
X	Registration fee and any late filing fees	
	Initial Registrants Only: IRS determination letter, articles of incoby-laws.	orporation or charter and
See	Instructions for more information on completing this form and at	tachments.

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FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
QCSS INC. 21925 W. FIELD PARKWAY DEER PARK , IL 60010		888.229.7046
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DATE	

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 2

NAME AND ADDRESS

N/A

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES 3 STATEMENT NAME AND ADDRESS TITLE TERENCE O'REILLY PRESIDENT AND CEO 67 BEDFORD SOUARE PITTSBURGH, PA 15203 NAME AND ADDRESS TITLE JOHN SUTTON VP, AUDIENCES AND REVENUE 67 BEDFORD SQUARE PITTSBURGH, PA 15203 NAME AND ADDRESS TITLE CHRISTOPHER CAPATO VP, FINANCE AND ADMINISTRA 67 BEDFORD SOUARE PITTSBURGH, PA 15203-1152 NAME AND ADDRESS TITLE CINDI LASH EXECUTIVE EDITOR, WESA 67 BEDFORD SOUARE PITTSBURGH, PA 15203 NAME AND ADDRESS TITLE ELSA HEFFERNAN DIRECTOR OF CORPORATE SPONSORS 67 BEDFORD SQUARE PITTSBURGH, PA 15203

NAME AND ADDRESS	TITLE
HAROLD HAYES 67 BEDFORD SQUARE PITTSBURGH, PA 15203	SECRETARY
NAME AND ADDRESS	TITLE
PAUL PURDY 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD MEMBER
NAME AND ADDRESS	TITLE
TOM PETZINGER 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD MEMBER
NAME AND ADDRESS	TITLE
DINA CLARK 67 BEDFORD SQUARE PITTSBURGH, PA 15203	VICE CHAIR
NAME AND ADDRESS	TITLE
DAVID EHRENWERTH 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD MEMBER
NAME AND ADDRESS	TITLE
DAVID GURWIN 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD MEMBER
NAME AND ADDRESS	TITLE
MAXWELL KING 67 BEDFORD SQUARE PITTSBURGH, PA 15224	CHAIR
NAME AND ADDRESS	TITLE
EUGENE O'SULLIVAN 67 BEDFORD SQUARE PITTSBURGH, PA 15232	TREASURER
NAME AND ADDRESS	TITLE
PAMELA CONNELLY 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD MEMBER

NAME AND ADDRESS	TITLE	
RALPH EGERMAN 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
JAMES GIBBS 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
ROBERT HILL 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
GUNJAN KHANNA 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
KATIE O'MALLEY 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
HERKY POLLOCK 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
JULIEN SCRANTON 67 BEDFORD SQUARE PITTSBURGH, PA 15203	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
SUSAN APEL 67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152	BOARD	MEMBER
NAME AND ADDRESS	TITLE	
JUSTIN BECK 67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152	BOARD	MEMBER

23-7257055

#### PITTSBURGH COMMUNITY BROADCASTING CORPOR

NAME AND ADDRESS

TITLE

PAULA DAVIS

BOARD MEMBER

67 BEDFORD SOUARE

PITTSBURGH, PA 15203-1152

NAME AND ADDRESS

TITLE

LAN YIN

67 BEDFORD SQUARE

PITTSBURGH, PA 15203-1152

CONTROLLER

NAME AND ADDRESS

TITLE

CINDI LASH

CHIEF EDITOR

67 BEDFORD SQUARE

PITTSBURGH, PA 15203-1152

NAME AND ADDRESS

TITLE

MIKE SAUTER STATION

67 BEDFORD SOUARE

PITTSBURGH, PA 15203-1152

VP, BROADCASTING

FORM BCO-10

IN CHARGE OF SOLICITATION ACTIVITIES

STATEMENT

4

NAME AND ADDRESS

JORDAN DUNN

67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152

NAME AND ADDRESS

KATHLEEN IDUKOVICH

67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152

NAME AND ADDRESS

JOHN SUTTON

67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152

NAME AND ADDRESS

MICHAEL SAUTER

67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152

NAME AND ADDRESS

COURTNAE TURKO

67 BEDFORD SQUARE PITTSBURGH, PA 15203-1152

RELATED SUPPLIER OR VENDOR STATEMENT FORM BCO-10

NAME AND ADDRESS

DAVID GURWIN 501 GRANT STREET, SUITE 200 PITTSBURGH, PA 15219-4413

BUSINESS

BUCHANAN INGERSOLL ROONEY