** PUBLIC DISCLOSURE COPY **

Form **990**

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2020 calendar year, or tax year beginning 001 1, 2020 and e	naing U	UN 30, ZUZI	
В	Check if applicable	PITISBURGH COMMUNITY BROADCASTING		D Employer identific	cation number
	Addres change				
	Name change			23-72570	55
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) R 6 7 BEDFORD SQUARE	Room/suite	E Telephone numbe 412-381-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,152,171.
	Amend			H(a) Is this a group re	
	Applica	F Name and address of principal officer: TERENCE O'REILLY			? Yes X No
	pending		3-115	H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	mpt status: X 501(c)(3)		1 9 8	list. See instructions
		WWW.PITTSBURGHCOMMUNITYBROADCASTING.OR		H(c) Group exemption	
		organization: X Corporation Trust Association Other			A State of legal domicile; PA
-		Summary		5/10/11/acion, / _ / 1	y otato or logar dofficillo, 2 22
	T 4 F	Briefly describe the organization's mission or most significant activities: TO CR	EATE	AND DISTRIB	UTE TRUSTED
Activities & Governance	1 ' 8	CONTENT, BUILD CONNECTIONS AND STRENGTHEN	OUR	COMMINITY T	HROUGH
nar	2	Check this box if the organization discontinued its operations or dispose			
Ver	3 1			The A	21
ဗွ	4 1			3	21
<u>«</u> ۵	4 ;	Number of independent voting members of the governing body (Part VI, line 1b)		4	63
tie	5 7	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			250
₹	6 7	Total number of volunteers (estimate if necessary)		6	0.
Ac	/aı	otal unrelated business revenue from Part VIII, column (C), line 12			0.
	D I	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	Section 1997 to 1997 t	
		2-17-17-17-17-17	-	Prior Year 6,873,999.	Current Year
ine		Contributions and grants (Part VIII, line 1h)			11,065,240.
Revenue		Program service revenue (Part VIII, line 2g)		30,417.	23,600. 62,717.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		40,931.	
	11-030-00-00	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	345.000.1000.000	26,242.	614.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,971,589.	11,152,171.
	100000000000000000000000000000000000000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
ses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		4,378,058.	4,451,552.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		17,561.	0.
χ̈	bT	otal fundraising expenses (Part IX, column (D), line 25) \(\bigvarepsilon \) \(\bigvar	6.	0 115 101	0 045 055
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,147,181.	2,247,977.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,542,800.	6,699,529.
	19 F	Revenue less expenses. Subtract line 18 from line 12		428,789.	4,452,642.
Net Assets or				ginning of Current Year	End of Year
Sset	20 T	otal assets (Part X, line 16)		12,945,818.	15,958,753.
A A	21 T	otal liabilities (Part X, line 26)		2,052,528.	628,622.
ŽĒ	22 1	let assets or fund balances. Subtract line 21 from line 20		10,893,290.	15,330,131.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Signature of officer		2/14/2	22
Sig				Date	
He	re	TERENCE O'REILLY, PRESIDENT & CEO			
		Type or print name and title		lata I I	II DTIN
		Print/Type preparer's name Preparer's signature	100	Date Check	PTIN
Pai	_	RICHARD E. DYNOSKE RICHARD E. DYNOS	KE 0	2/11/22 if self-employe	P00095538
		Firm's name GROSSMAN YANAK & FORD LLP		Firm's EIN	25-1638525
Use	Only	Firm's address THREE GATEWAY CTR STE 1800			10/220 0200
		PITTSBURGH, PA 15222		Phone no. (4	12)338-9300
Ma	v the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Form **990** (2020)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CREATE AND DISTRIBUTE TRUSTED CONTENT, BUILD CONNECTIONS AND
	STRENGTHEN OUR COMMUNITY THROUGH PUBLIC MEDIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 , 337 , 055 • including grants of \$) (Revenue \$) (Revenue \$)
	THE CORPORATION OPERATES COMMUNITY-LICENSED PUBLIC RADIO STATIONS, 90.5
	WESA AND 91.3 WYEP, AS WELL AS STREAMING SERVICES JAZZWORKS AND BBC
	WORLD SERVICE. 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.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,337,055.

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PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form 990 (2020) 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	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	-		
•	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	<u> </u>		
	similar amounts as defined in Revenue Procedure 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	_		37
_	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,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
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?	١		X
10	If "Yes," complete Schedule D, Part IV	9		25
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

PITTSBURGH COMMUNITY BROADCASTING CORPORATION Form 990 (2020)

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 28 Was the organization a party to a business transaction with one of the following parties (see 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 lines 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 in 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	35			
b	Enter the number of Forms W-2G included in 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	ble gaming			
	(gambling) winnings to prize winners?			10	Х	

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

	-				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	63								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	accou	ınt)?	4a		X					
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	: If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v					
	any contributions that were not tax deductible as charitable contributions?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut										
_	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).	vioon i	arouided to the never?	7-		Х					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b							
C	to file Form 8282?	a5 160	lanea	7c		х					
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ct?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7 f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8											
	sponsoring organizations maintaining donor advised rands. Bid a donor advised rand maintained by the										
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b							
10	Section 501(c)(7) organizations. Enter:	ı	.								
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:		.								
	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
40-	amounts due or received from them.)	11b		40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 12b	<u>'</u>	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZD									
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.			104							
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
-	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			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		X					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X					
	If "Yes," complete Form 4720, Schedule O.										

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 21			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 21			
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	- 0.0		
5	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 films assets a requestion memorial assets periods and an analytic films and assets,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	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 in Schedule O the process, if any, used by the organization to review this Form 990.	1.0		
	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			
•	in 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	X	
	If "Yes" to line 15a or 15b, describe the process in 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) avail	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, ar	d finar	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 SOLIARE PITTSRIEGH PA 15203-1152	_		

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Form 990 (2020) 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no (A)	(B)	l	111120	(0		прсі	isai	(D)	(E)	(F)
Name and title	Average	(-1-		Posi	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	more than one erson is both an lirector/trustee)			compensation	compensation	amount of
	week	\vdash	cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** = / ********************************		and related
	below	/idual	tution	er	Key employee	est co loyee	Jer .			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) TERENCE O'REILLY	40.00								_	_
PRESIDENT AND CEO				Х				291,742.	0.	0.
(2) JOHN SUTTON	40.00								_	_
VP, AUDIENCES AND REVENUE				Х				185,812.	0.	0.
(3) CHRISTOPHER CAPATO	40.00								_	_
VP, FINANCE AND ADMINISTRA				Х				130,871.	0.	0.
(4) COURTNAE TURKO	40.00									
VP, HR AND ORGANIZATIONAL DEVELOPMEN				Х				114,339.	0.	0.
(5) ELSA HEFFERNAN	40.00							110 000	•	
DIRECTOR OF CORPORATE SPONSORSHIP	1 00					Х		110,373.	0.	0.
(6) RON LEIBOW	1.00	١							•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) HAROLD HAYES	1.00								0	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) PAUL PURDY	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) NANCY WASHINGTON (TERM. 12/31/2	1.00	. ,						_	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) TOM PETZINGER	1.00	x		х				0.	0.	0
BOARD PRESIDENT	1.00	^		Λ				0.	0.	0.
(11) KATHLEEN WALLACE	1.00	x						0.	0.	0.
BOARD MEMBER (12) JALON ALEXANDER	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(13) MEG CHEEVER (TERM. 3/10/21)	1.00	Δ						0.	· ·	•
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) DINA CLARK	1.00							0.	0.	•
VICE CHAIR	1.00	X		Х				0.	0.	0.
(15) DAVID EHRENWERTH	1.00								•	•
BOARD MEMBER		x						0.	0.	0.
(16) DAVID GURWIN	1.00		\vdash							
BOARD MEMBER	=	x						0.	0.	0.
(17) MAXWELL KING	1.00	-								
CHAIR		х		х			1	0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(C)						(D)	(E)			(F)	
Name and title Average				Pos	itior	١		Reportable	Reportable			mated
	hours per					than		compensation	compensation			ount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related		0	ther
	(list any	ector						the	organizations		comp	ensation
	hours for	or din				ted		organization	(W-2/1099-MISC)		fro	m the
	related	stee	ruste			bens		(W-2/1099-MISC)			•	nization
	organizations below	lal tru	onal t		loyee	E S						related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orgar	nizations
(10) BUGDNE O'GULLTUN	1.00	Ē	Ë	5	ağ.	E E	요			+		
(18) EUGENE O'SULLIVAN TREASURER	1.00	X		x				0.	0			0.
(19) SANDRA TAYLOR (TERM. 4/5/21)	1.00	^		^				0.	0	+		0.
BOARD MEMBER	1.00	X						0.	0			0.
(20) PAMELA CONNELLY (EFF. 1/1/21)	1.00							0.	0	+		<u> </u>
BOARD MEMBER	1.00	x						0.	0			0.
(21) RALPH EGERMAN (EFF. 1/1/21)	1.00							•		┿		<u>.</u>
BOARD MEMBER	100	x						0.	0			0.
(22) JAMES GIBBS (EFF. 1/1/21)	1.00									┿		
BOARD MEMBER		x						0.	0			0.
(23) ROBERT HILL (EFF. 1/1/21)	1.00									╁		
BOARD MEMBER		x						0.	0			0.
(24) GUNJAN KHANNA (EFF. 1/1/21)	1.00							-		十		
BOARD MEMBER		Х						0.	0			0.
(25) KATIE O'MALLEY (EFF. 1/1/21)	1.00									十		
BOARD MEMBER		Х						0.	0			0.
(26) HERKY POLLOCK (EFF. 1/1/21)	1.00											
BOARD MEMBER		Х						0.	0			0.
1b Subtotal								833,137.	0			0.
c Total from continuation sheets to Part V	II, Section A						>	0.	0	•		0.
d Total (add lines 1b and 1c)							>	833,137.	0	•		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												5
										_		Yes No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s	such individual									. L	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		. L	4	Х
5 Did any person listed on line 1a receive or	•				•		elat	ted organization or indiv	dual for services			- I
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				.	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsa	tion fro	om
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		year.		(0)	
(A) Name and business	address	NT	INC	7				(B) Description of s	ervices	Co	(C) mpen	
- Trains and pasiness	addicoo	TAC	71/1				\dashv	Decomption of a	ICI VICCO		проп	
							_					
2 Total number of independent contractors (ot li	mite	d to		se li: 0	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi		ידי	JTT2	ν т			TH:	RETS		_	orm Q	90 (2020)

Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all '	that apply)		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				og m		organization	(W-2/1099-MISC)	from the
	hours for	rgi				ted e		(W-2/1099-MISC)		organization
	related	ste (nste.		l	eusa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	itutio	cer	emb	hest	Former			
	line)	ip i	Inst	Officer	Key	Hig	윤			
(27) JULIEN SCRANTON (EFF. 1/1/21)	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) SUZANNE MELLON (EFF. 3/3/21)	1.00									
BOARD MEMBER		х						0.	0.	0.
Domino IIII Dell'									•	
	1	_			-		_			
		-								
]								
		1								
	1		\vdash	\vdash		\vdash				
		ł								
	1	_	_	_		_	_			
		-								
		L		L						
Total to Part VII, Section A, line 1c										
								•		

Form 990 (2020) CORPORA!

Part VIII Statement of Revenue

		Check if Schedule O c	contains a respons	e or note to any lin	e in this Part VIII			
		Officer if Generalic O	zoritains a respons	c or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
σω								30000013 312 314
ant and		. •	1a	2 255 622				
Contributions, Gifts, Grants and Other Similar Amounts			1b	3,257,692.				
Ţ,		Fundraising events						
ig ig	(Related organizations	1d					
ns,		Government grants (contri		1,484,367.				
후	f	All other contributions, gifts, g	grants, and					
를 나		similar amounts not included	above 1f	6,323,181.				
함	ç	Noncash contributions included in	lines 1a-1f 1g \$	3,521,593.				
a S	ł	Total. Add lines 1a-1f			11,065,240.			
				Business Code				
g,	2 8	JAZZ WORKS		900099	23,600.	23,600.		
اگر خ	_ t	-			,	,		
Sel								
E §	,							
Program Service Revenue								
Pr		All adds as a second as a second as						
_	Ţ	All other program service			23,600.			
$\overline{}$		Total. Add lines 2a-2f			23,600.			
	3	Investment income (includ			62 717			60 717
		other similar amounts)			62,717.			62,717.
	4	Income from investment o	· ·	·				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	k	Less: rental expenses	6b					
	(Rental income or (loss)	6c					
	(Net rental income or (loss))					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	Ł	Less: cost or other basis						
ē		and sales expenses	_{7b}					
Revenue	,	Gain or (loss)	7c					
Je /		Net gain or (loss)						
her F		Gross income from fundraisin						
	8 6		,					
0		including \$	of					
		contributions reported on	· · · · · · · · · · · · · · · · · · ·	420				
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from t	_	>	430.			430.
	9 a	Gross income from gaming	-					
		Part IV, line 19		a				
	k	Less: direct expenses	9	b				
	(Net income or (loss) from	gaming activities_					
	10 a	Gross sales of inventory, le	ess returns					
		and allowances	10)a				
	k	Less: cost of goods sold)b				
		Net income or (loss) from						
<u></u>		, , ,	.,	Business Code				
ير ا	11 :	OTHER INCOME		515100	184.	184.		
ne	t				•			
Miscellaneous Revenue	,							
isc R		All other revenue						
Σ					184.			
	12	Total. Add lines 11a-11d Total revenue. See instruction			11 152 171.	23 784.	0.	63 147.

23-7257055 Page 10 Form 990 (2020) 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, 668,792. 267,517. 334,396. 66,879. 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) 3,057,823. 2,114,210. 217,189. 726,424. Other salaries and wages 7 Pension plan accruals and contributions (include 35,365. 182,256. 117,082. 29,809 section 401(k) and 403(b) employer contributions) 186,263. 19,567. 53,571. 259,401. 9 Other employee benefits 42,465. 60,071. 283,280. 180,744. Payroll taxes 10 Fees for services (nonemployees): 11 a Management 52,796. 22,870. 29,926. Legal 46,843. 46,843. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 218,340. 104,211. 28,168. 85,961. column (A) amount, list line 11g expenses on Sch O.) 44,548. 41,347. 3,201. Advertising and promotion 12 144,755. 87,059. 80,218. -22,522. 13 Office expenses 83,738. 64,046. 19,380. 312. Information technology 14 Royalties 15 116,113. 3,564. 110,669. 1,880. 16 Occupancy 3,259. 3,079. 180. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 19,583. 19,583. Interest 20 21 Payments to affiliates 152,509. 152,509. Depreciation, depletion, and amortization 22 59,553. 15,238. 44,315. 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 1,040,448. 1,038,823. 1,625. PREMIUMS 105,502. 105,502. 71,251. **ALLEGHENY FRONT** 71,251. <u>7,</u>362. 61,558. 37,590. PROFESSIONAL DEVELOPMEN 16,606. 3,145. 22,274. 1,762. 27,181. e All other expenses 6,699,529. 4,337,055. 1,114,718. 1,247,756. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Form 990 (2020)
Part X Balance Sheet

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or note to	o any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,170,081.	1	5,682,519
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			35,767.	3	422,815
	4	Accounts receivable, net			227,396.	4	304,893
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in		6			
δ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ğ	9				122,022.	9	107,008
	10a	Land, buildings, and equipment: cost or other	Ï				
		basis. Complete Part VI of Schedule D1	0a	4,938,636.			
	b	Less: accumulated depreciation	0b	1,953,643.	3,068,574.	10c	2,984,993
	11	Investments - publicly traded securities			774,062.	11	916,379
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets	5,547,916.	14	5,540,146		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal li		12,945,818.	16	15,958,753	
	17	Accounts payable and accrued expenses		92,657.	17	121,356	
	18	Grants payable			18		
	19	Deferred revenue		251,609.	19	116,314	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
S	22	Loans and other payables to any current or former	offic	er, director,			
Ě		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these p	oerso	ons		22	
_	23	Secured mortgages and notes payable to unrelated	d thir	d parties	600,000.	23	200,000
	24	Unsecured notes and loans payable to unrelated the	nird p	parties	823,800.	24	0
	25	Other liabilities (including federal income tax, payab	oles t	o related third			
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X			
		of Schedule D			284,462.	25	190,952
	26	Total liabilities. Add lines 17 through 25			2,052,528.	26	628,622
s		Organizations that follow FASB ASC 958, check	here	$\bullet \triangleright X$			
e S		and complete lines 27, 28, 32, and 33.			4.0.00		
<u>a</u>	27				10,207,812.	27	11,676,772
Ö	28	Net assets with donor restrictions			685,478.	28	3,653,359
Š		Organizations that do not follow FASB ASC 958,	, che	ck here 🕨 📖			
Z T		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equip		_		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incor			10 000 000	31	15 222 424
ž	32	Total net assets or fund balances			10,893,290.	32	15,330,131
	33	Total liabilities and net assets/fund balances			12,945,818.	33	15,958,753

Form **990** (2020)

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form 990 (2020)

23-7257055 Page **12**

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,15				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,69				
3	Revenue less expenses. Subtract line 2 from line 1		1,45					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		-1	5,8	01.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	15	5,33	0,1	31.		
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 in Schedule	О.						
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:		,					
	Separate basis Consolidated basis X 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 audi	t.					
	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 Scl							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?							
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
	, , , , , , , , , , , , , , , , , , , ,							

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

PITTSBURGH COMMUNITY BROADCASTING **Employer identification number** Name of the organization 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 or 990-EZ).) 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 in 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. 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))

23-7257055 Page 2

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	r if the organizatio			•
Sec	ction A. Public Support	noted below, piec	ioc complete r art	,			
		/=\ 0010	/h) 0017	(a) 0010	(4) 0010	(-) 0000	(6) Takal
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	5443535.	7585441.	6442219.	6873999.	11065240.	37410434
2	Tax revenues levied for the organ-	3113333.	7303441.	0112213.	0073333.	11003240.	37110131.
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5443535.	7585441.	6442219.	6873999.	11065240.	37410434.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4102856.
	Public support. Subtract line 5 from line 4.						33307578.
	ction B. Total Support		1			1	
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	5443535.	7585441.	6442219.	68/3999.	11065240.	37410434.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	15 /22	40,044.	70,425.	40,931.	62,717.	229,550.
_	and income from similar sources	15,433.	40,044.	70,425.	40,931.	04,717.	229,550.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	70,125.	110,385.	71,056.	43,803.	614.	295,983.
11	assets (Explain in Part VI.)	70,123.	110,303.	71,030	43,003	011.	37935967.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor				•	. , . ,	
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	87.80 %
	Public support percentage from 2019					_	90.33 %
	33 1/3% support test - 2020. If the						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets tl	ne facts-and-circur	mstances test, che	ck this box and st	op here. Explain i	n Part VI how the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CORPORATION

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 \

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization'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's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*) 2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
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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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3c		3a		
3c				
3c		3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		4h		
5a 5b 5c 6 7 8 9a 9b 9c 10a		710		
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5a 5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 8 9a 9b 9c 10a 10b		4c		
5b 5c 6 7 8 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 8 9a 9b 9c 10a 10b				
5b 5c 6 7 8 8 9a 9b 9c 10a 10b		5a		
5c 6 7 8 9a 9b 9c 10a 10b		- Ou		
6 7 8 9a 9b 9c		5b		
7 8 9a 9b 9c 10a		5c		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a		6		
9a 9b 9c 10a		-		
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a				
9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a		9a		
9c 10a		Ju		
10a		9b		
10a				
10b		9с		
10b				
10b		100		
10b m 990 or 990-EZ) 2020		iva		
m 990 or 990-EZ) 2020		10b		
	m 9	90 or 99	0-EZ	2020

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Pa	rt IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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		<u> </u>
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		Щ
Sec	tion b. All Type III Supporting Organizations		V	
_	Did the constitution and the color of the constitution of the fact described the falls		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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see 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 in 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.

Schedule A (Form 990 or 990-EZ) 2020 CORPORATION

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	i i i i i i i i i i i i i i i i i i i		
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 mu-	st comple	te Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continu}	ued)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish ex	1						
2	Amounts paid to perform activity that directly furthers exem							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	ns	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - page 1	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.	,		6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
	,	(i)	(ii)		(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

23-7257055 Page 8 Schedule A (Form 990 or 990-EZ) 2020 CORPORATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

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 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	•	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \bigselon_ \ightarrow \igh						
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

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	Name, audi ess, and zir + 4	\$ 3,214,760.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$75,487.	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	36,500 SHARES OF ORACLE CORP	3,214,760.	06/15/21
(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

(b) Purpose of gift Transferee's name, address, ar	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held		
Transferee's name, address, ar				
Transferee's name, address, ar		t l		
Transferee's name, address, ar	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 gift	of gift		
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, ar		Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift	<u> </u>		
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
	Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift	(e) Transfer of gif Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift		

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

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and 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	writing that the assets held in donor advis	ed 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		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	······································	Yes No
Pa	rt II Conservation Easements. Complete if the or		
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) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	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	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
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 statement	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ı gain, provide
_	the following amounts required to be reported under FASB A		. σ
a	Revenue included on Form 990, Part VIII, line 1		

CORPORATION

Sche	dule D (Form 990) 2020 CORPORA	TION				23-	7257055 Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or	r Other	Similar A	ssets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that	make sigi	nificant use o	of its
	collection items (check all that apply):						
а	Public exhibition	d	I <u> </u> Loan or ex	change progran	n		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	n's exemp	ot purpose in	Part XIII.
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	asures, or other	similar a	ssets	
	to be sold to raise funds rather than to be made	aintained as part of t	the organization's o	collection?			Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Y	es" on Fo	orm 990, Par	t IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other ass	ets not in	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII						
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial accou	nt liability	?	Yes Mo
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part I	V, line 10		
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years b	oack (e) Four years back
1a	Beginning of year balance	0.					
b	Contributions	3,143,460.					
С	Net investment earnings, gains, and losses	-143,460.					
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	3,000,000.					
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 100	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3а	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administere	ed for the	organization	·
	by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?			3b
4	Describe in Part XIII the intended uses of the		owment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990	- I		Part X, lir	ne 10.	
	Description of property	(a) Cost or o	' '	st or other		umulated	(d) Book value
		basis (investr		s (other)	depre	eciation	625 445
	Land			37,417.	4 4-		637,417.
	Buildings			84,396.		6,281.	1,828,115.
	Leasehold improvements			82,383.		75,753.	206,630.
	Equipment		1,0	34,440.	./2	21,609.	312,831.
	Other						0.004.000
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line	10c.)			2,984,993.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

CORPORATION

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(a) Desc		n Form OOO Dort IV lin	11h Con Form 000 Dort V line 10	
	Complete if the organization answered "Yes" or ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	f-year market value
1) Finan	cial derivatives			•
	ely held equity interests			
3) Other	T			
(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" of	on Form 000 Part IV line	a 11c Soc Form 900 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	f-vear market value
(1)	(,	(-,	(-,	, ,
(2)			1	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) moved a good Forms 000 Port V and (P) line 10)			
iotal. (CO	. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	on Form 000 Port IV lin	a 11d Con Form 000 Part V line 15	
	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(h) Rook value
Part IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" can be called a called	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Complete if the organization answered "Yes" of (a) D	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of (a) December 1990 (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Complete if the organization answered "Yes" of (a) Delumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of the organization and the organiz	Description	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Complete if the organization answered "Yes" of (a) December 1990 (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	>	(b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Core Part X	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Core Part X	Complete if the organization answered "Yes" of (a) Description of liability	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coperat X	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Core Part X	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) F (2) U (3)	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Core Part X	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Core Part X 1. (1) F (2) U (3) (4) (5)	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) F (2) U (3) (4) (5) (6)	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) F (2) U (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" of (a) Description of liability ederal income taxes	Description	>	

Schedule D (Form 990) 2020

23-7257055 Page 4 CORPORATION

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per R	eturr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	11,270,122.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-15,801.		
b	Donat	ed services and use of facilities	2b	133,752.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	117,951.
3	Subtra	act line 2e from line 1			3	11,152,171.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,152,171.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	6,833,281.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	133,752.		
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	133,752.
3	Subtra	act line 2e from line 1			3	6,699,529.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,699,529.
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional additional complete the provide and additional complete the part XII, lines 2d and 4b.	ional infori	mation.		

PART V, LINE 4:

THE ENDOWMENT FUND WAS CREATED DURING JUNE 30, 2021 PERIOD FROM AN ANONYMOUS DONOR. IN JULY OF 2021 THE FUNDS WILL BE TRANSFERRED TO AN INVESTMENT ACCOUNT AND WILL BE INCLUDED IN INVESTMENTS AS OF SEPTEMBER 30, 2021. THE FUNDS WILL BE USED TO ASSIST IN FUNDRAISING EFFORTS.

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 JUNE 30, 2021. THE CORPORATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE YEARS BEFORE JUNE 30, 2018.

Schedule D (Form 990) 2020	CORPORATION	23-7257055 Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	rmation (continued)	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

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.

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

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

2020

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 par	τ.													
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations 	e X Solicita	tion of tion of	non-g gover	overnment grants										
77	g LZZ Special	iuiiuia	ising	events										
2 a Did the organization have a written of														
	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No													
b If "Yes," list the 10 highest paid indiv	b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be													
compensated at least \$5,000 by the organization.														
(i) Name and address of individual or entity (fundraiser) (ii) Activity			Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization								
		Contrib	Illons?		listed in col. (i)									
FALCON FUNDRAISING - 1690		Yes	No											
WATERTOWER PLACE, SUITE 400A,	PHONE SOLICITATION		X	170,551.	29,964.	140,587.								
Fotal			•	170,551.	29,964.	140,587.								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	egistration								

Schedule G (Form 990 or 990-EZ) 2020 CORPORATION 23-7257055 Pag

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

23-7257055 Page 2

		of fundraising event contributions and gre	•)-EZ, lines 1 and 6b. List		-
		· · · · · · · · · · · · · · · · · · ·	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ω	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Pa	rt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization	ne 3, column (d)	200 Part IV line 10 or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mic 10, or	reported more than	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
Se	2	Cash prizes				
ens(3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	∟∟ No	L No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
•						
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:			-	<u> </u>

Sch	nedule G (Form 990 or 990-EZ) 2020 CORPORATION 23-	7257	055	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		.,	
40	to administer charitable gaming?	. Ш	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	مدا	ı	0.4
	a The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
(o If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year > \$			
Pā	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	nes 9,	9b, 10b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	!RS :		
	MADOUL C, IIMI I, LINE LD, LIST OF THE MICHEST THIS TOUBINITE	1101		
(1) NAME OF FUNDRAISER: FALCON FUNDRAISING			
(1) ADDRESS OF FUNDRAISER:			
	90 WATERTOWER PLACE, SUITE 400A, EAST LANSING, MI 48823			

Schedule C	G (Form 990 or 990-EZ)	CORPORATION	23-7257055 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	mation (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.

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

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

PITTSBURGH COMMUNITY BROADCASTING

CORPORATION

Employer identification number 23-7257055

Questions Regarding Compensation Part I No Yes 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 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? 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 Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) TERENCE O'REILLY	(i)	231,525.	39,350.	20,867.	0.	0.	291,742.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN SUTTON	(i)	170,816.	2,391.	12,605.	0.	0.	185,812.	0.
VP, AUDIENCES AND REVENUE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING

Employer identification number

	CORPOR	H.I. T	ON						43	- / 4	5/0	22		
			•			ion 501(c)(4), and se					• •			
	the organization					art IV, line 25a or 25	b, or	Form 990-EZ, P	art V,	line 40)b			
1 (a) Name of disquali	fied person	(b) F	Relationship bety			lified (d	c) De	escription of tran	sactio	n		<u>```</u>		cted?
	<u>'</u>		person and or	gariiza	alion	<u> </u>		·				Ye	es	No
												+		
												+		
												+		
												+		
												+		
2 Enter the amount of	f tax incurred by	the o	rganization man	agers	or disc	gualified persons du	rina	the vear under						
										> \$				
3 Enter the amount of										> \$				
Part II Loans to	and/or Fror	n Int	erested Per	sons										
	-					, Part V, line 38a or	Forn	n 990, Part IV, lir	ne 26;	or if th	ie orga	anizati	on	
reported an	amount on For		, Part X, line 5, 6								W \ A \	nrovod		
(a) Name of	(b) Relatio				(e) Original	(f) Balance due		ln	(n) Ap	Approved (i) Wr board or nmittee?		ritten	
interested person	with organi	organization			principal amount			defa					_	
				То	From				Yes	No	Yes	No	Yes	No
												<u> </u>		
Гоtal						> \$				<u> </u>				
	r Assistance													
Complete if	the organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Name of interes	sted person		b) Relationship			(c) Amount of		(d) Type			(e)) Purp	ose of	f
			interested pers		d	assistance		assistan	ce		á	assista	ance	
			the organiza	ation										
		_								_				
										_				
		+								+				
										+				
		+								+				
		+												
		+								-+				

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

Schedule L (Form 990 or 990-EZ) 2020

Sche	aule L	₋ (⊢ori	m 991	U or 990-E2	<u>(</u> 2020 (COV	OI	'\Z	TION	
		_					_	_		

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of		
(a) Name of interested person	person and the organization	transaction	transaction	organiz	zation's nues?	
DALITO CUDUTA	DOLDD WEWDED	20 126	DALLED GUDLUT	Yes	No	
DAVID GURWIN	BOARD MEMBER	28,126.	DAVID GURWI		X	
Part V Supplemental Information.			•			
Provide additional information for resp	onses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: DAVID	GURWIN					
(D) DESCRIPTION OF TRANSAC	CTION: DAVID GURWIN	IS A BOARD	MEMBER OF			
PITTSBURGH COMMUNITY BROAI	CASTING CORPORATION	, AND A SHA	AREHOLDER IN			
				_		
BUCHANAN INGERSOLL & ROONI	EY PC LAW FIRM. DURII	NG THE REPO	RTING PERIO	D		
PITTSBURGH COMMUNITY BROAD	CASTING CORORATION 1	RETAINED BU	CHANAN INGE	RSOL	L	
& ROONEY PC TO FILE TRADE	MARK APPLICATIONS AND	D PROVIDE C	THER LEGAL			
SERVICES.						

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	t I Types of	f Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	Meth noncash	(d) od of det contribut		_	3
1	Art - Works of art					_					
2		asures									
3		erests									
4		ations									
5		sehold goods									
6		hicles	Х	404	268	,346.	KELLEY	BLUE	B00	ΚV	\overline{VAL}
7											
8		ty									
9		ly traded	Х	11	3,253	,247.	FAIR MA	RKET	VAL	UE	
10	Securities - Closel	y held stock									
11	Securities - Partne										
12		laneous									
13		ation contribution -									
	Historic structures	S									
14		ation contribution - Other									
15	Real estate - Resid	dential									
16		mercial									
17		r									
18											
19											
20		ıl supplies									
21	Taxidermy										
22											
23	Scientific specime	ens									
24	Archeological artif	acts									
25	Other ► (_)									
26	Other ► (_)									
27	Other ► (_)									
28	Other ()									
29	Number of Forms	8283 received by the organi	zation during	g the tax year for o	ontributions						
	for which the orga	nization completed Form 82	83, Part V, D	Oonee Acknowledg	ement	29					
										'es	No
30a		id the organization receive b									
		ast three years from the date									37
		for the entire holding period	?						30a		<u>X</u>
	•	the arrangement in Part II.	_								37
31		tion have a gift acceptance							31	_	<u>X</u>
32a	_	tion hire or use third parties		-	· ·				_		v
	contributions?							·····	32a		<u>X</u>
	If "Yes," describe		-h () *			- (-):	-11				
33		didn't report an amount in c	column (c) fo	r a type of propert	y tor which columi	n (a) is che	cked,				
	describe in Part II.										

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	CORPORATION	23-7257055	Page 2
Part II	Supplemental is reporting in Part this part for any ac	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 combiditional information.	and whether the organiza pination of both. Also com	tion plete

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

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

PUBLIC MEDIA.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS OF PITTSBURGH COMMUNITY BROADCASTING CORPORATION WERE UPDATED BY THE BOARD OF TRUSTEES DURING THE SEPTEMBER 9, 2020 MEETING.

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

THE CEO, VP FINANCE AND ADMINISTRATION, AND THE FINANCE AND INVESTMENT COMMITTEE CHAIR WILL REVIEW THE FORM 990 AND WILL ADDRESS ANY QUESTIONS TO THE VP WILL E-MAIL A PDF COPY OF THE FORM 990 TO ALL BOARD THE PREPARER. BOARD MEMBERS ARE REQUIRED TO REVIEW THE FORM 990 AND PROVIDE ANY MEMBERS. 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.

Schedule O (Form 990 or 990-EZ) 2020	Page 2		
Name of the organization PITTSBURGH COMMUNITY BROADCASTING CORPORATION	Employer identification number 23 – 7257055		
FORM 990, PART VI, SECTION C, LINE 19:			
THE CORPORATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST POLICY,		
990, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. IN	N ADDITION, ITS 990		
AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS OWN WI	EBSITE.		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

1 9 01	ining of this form, visit www.no.govie the providerate the for character and from provide.										
Autor	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).								
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts						
must u	se Form 7004 to request an extension of time to file incom	e tax retu	rns.								
Туре о	Name of exempt organization or other filer, see instru	Taxpayer	axpayer identification number (TIN)								
print	PITTSBURGH COMMUNITY BROADS		22 7257255								
File by the	CORPORATION		23-7257055								
due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, see instructions. 67 BEDFORD SQUARE										
nstructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15203-1152										
Enter th	ne Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1					
Applica	ation	Return	Application			Return					
ls For		Code	Is For			Code 07					
Form 990 or Form 990-EZ			Form 990-T (corporation)								
Form 9		02	Form 1041-A								
	720 (individual)	03	Form 4720 (other than individual)								
Form 9		04	Form 5227								
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
rom 9	90-T (trust other than above) TERENCE O'REILI	06 .V	Form 8870 12								
• The	books are in the care of ▶ 67 BEDFORD SQUA		PITTSBURGH, PA 15	203-1	152						
	phone No. ► 412-697-2952		Fax No. ▶								
	e organization does not have an office or place of business	s in the I Ir									
	is is for a Group Return, enter the organization's four digit					check this					
	. If it is for part of the group, check this box										
	,										
1 I	request an automatic 6-month extension of time until	MA.	Y 16, 2022 , to file	the exem	npt organization re	turn for					
tl	ne organization named above. The extension is for the organization	anization's	s return for:								
•	calendar year or										
	▼ X tax year beginning JUL 1, 2020	, an	id ending JUN 30, 2021								
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n						
	Change in accounting period										
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,										
<u>a</u>	ny nonrefundable credits. See instructions.	3a	\$	0.							
	this application is for Forms 990-PF, 990-T, 4720, or 6069			^							
_	stimated tax payments made. Include any prior year overp	3b	\$	0.							
	Balance due. Subtract line 3b from line 3a. Include your pa			•							
	sing EFTPS (Electronic Federal Tax Payment System). See	3c	\$	0.							
Cautio Instruct	 n: If you are going to make an electronic funds withdrawal tions. 	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO	for payment					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)