CHANGE OF ACCOUNTING PERIOD

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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUN 30, 2021 and ending SEP 30,

Open to Public Inspection

Form 990 (2020)

A F	or the	e 2020 calendar year, or tax year beginning $$ JUN $$ 30 , $$ 2021 $$ and ending	SEP 30, 2021					
В	heck if	C Name of organization	D Employer identifi	cation number				
_	⊃Addre	PITTSBURGH COMMUNITY BROADCASTING						
Ļ	_chang	e CORPORATION						
F	_chang	Doing business as WIEP 91.3FM, WESA 90.3FM	23-72570					
F	_return	Number and street (or P.O. box if mail is not delivered to street address) Room/s						
	⊣return termin		412-381-					
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15203-1152	G Gross receipts \$	1,248,244.				
F	⊒return ∏Applic		H(a) Is this a group re					
	tion pendi	67 BEDFORD SQUARE, PITTSBURGH, PA 15203-1	for subordinates 15 H(b) Are all subordinates in					
1.7	27.67			list. See instructions				
		te: WWW.PITTSBURGHCOMMUNITYBROADCASTING.ORG	H(c) Group exemptio					
			ear of formation: 1972					
-	rt I	Summary		, otato or rogal dominono, = ==				
4	1	Briefly describe the organization's mission or most significant activities: TO CREAT	E AND DISTRIB	UTE TRUSTED				
Activities & Governance		CONTENT, BUILD CONNECTIONS AND STRENGTHEN OU	R COMMUNITY T	HROUGH				
rua		Check this box if the organization discontinued its operations or disposed of r						
ove			3	21				
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21				
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0				
Σį	6	Total number of volunteers (estimate if necessary)	6	250				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.				
			Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)	11,065,240.	1,219,082.				
Revenue		Program service revenue (Part VIII, line 2g)	23,600.	8,858.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,717.	15,368.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	614.	4,936.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,152,171.	0.				
	11111111	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
m		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,451,552.	1,173,381.				
Expenses			0.	0.				
per	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 333,150.						
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,247,977.	497,941.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,699,529.	1,671,322.				
		Revenue less expenses. Subtract line 18 from line 12	4,452,642.	<423,078.>				
or			Beginning of Current Year	End of Year				
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	15,958,753.	15,450,615.				
t As		Total liabilities (Part X, line 26)	628,622.	587,583.				
		Net assets or fund balances. Subtract line 21 from line 20	15,330,131.	14,863,032.				
CTESSAL	rt II	Signature Block						
		lties of perjury, \declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.					
		Signature of officer	Date 14	22				
Sigr			Date /					
Her	е	TERENCE O'REILLY, PRESIDENT & CEO Type or print name and title						
		y a contract of the contract o	Date Check	II PTIN				
Paid		Print/Type preparer's name Preparer's signature RICHARD E. DYNOSKE RICHARD E. DYNOSKE	02/11/22 if self-employe	10.77570				
Prep		Firm's name GROSSMAN YANAK & FORD LLP	Firm's EIN	25-1638525				
Use		Firm's address THREE GATEWAY CTR STE 1800	THIII 3 LIV					
PITTSBURGH, PA 15222 Phone no. (412)338-930								
May	the IE	2S discuss this raturn with the preparer shown above? See instructions	1,	X Yes No				

	.000 (00	200)	PITTSBURGH CORPORATION		BROADC	ASTING	23-7	257055	Page 2
	990 (20		Program Service	-	ents		25 1	237033	Page Z
ı uı			_	-					
1		describe the organ		or note to any line	e in this Part III.				<u> </u>
'				CHTRIISTED	СОИТЕИТ	BIITLD	CONNECTIONS	AND	
			JR COMMUNITY			-	COMMETTONS		
	<u> </u>	DITOTILDIT OC	on comionin	1111100011	TODDIC I	11111			
	-								
2	Did the	organization undo	ertake any significant p	rogram convices d	uring the year w	hich word not	listed on the		
_		orm 990 or 990-EZ?	_					Ves	X No
	•		? lew services on Sched					1e3	140
3					es in how it con	ducts any pro	gram services?	Ves	X No
•			hanges on Schedule (cs in now it con	ducts, arry pro	gram scrvices:	103	
4			•		each of its thre	e largest progr	am services, as measured	hv expenses	
•							ocations to others, the to		
			program service report		t tric amount of	grants and an	ocations to others, the to	аг схрспосо, а	ana
4a	(Code:) (Expense:		,314. including	grants of \$) (Revenue \$	8.	858.
ти			ON OPERATES	S COMMUNIT	Y-LICENS	SED PUBI	IC RADIO STA		
							ES JAZZWORKS		
		LD SERVICE	-				OFFERING OF A		
	ALTI	ERNATIVE M					PROGRAMS, AN		NTS
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			AND SURROUN				A PROVIDES A		L
						FORMAT,	DEDICATED TO	INFORM	ING
							ABOUT GLOBAL		
		COMMUNITY					TIVE ROLE IN	-	
	THE	COMMUNITY	THROUGH ON	NLINE AND	MOBILE S	SERVICES	S AND IN-PERS	ON EVEN	TS,
	AND	HAVE A PR	ROMINENT VO	CE IN PIT	TSBURGH	'S CIVIO	C AND CULTURA	L AFFAI	RS.
4b	(Code:) (Expenses	s\$	including	grants of \$) (Revenue \$)
	_								
4c	(Code:) (Expenses	s\$	including	grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

including grants of \$ 1,083,314.

4e Total program service expenses

) (Revenue \$

Page **3**

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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ŭ		
	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			
	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			3,7
	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,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			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?			X
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	22	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, 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			\ _{3,7}
	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		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		X
17		16		25
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	⊢' ′−		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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PITTSBURGH COMMUNITY BROADCASTING

CORPORATION

Form 990 (2020) CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			۱
	Schedule J	23		X
24 a	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			١
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C		28c	х	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	L	<u> </u>

Form 990 (2020) CORPORATION

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	isa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

23-7257055

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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			
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 10.		
	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.

X Check this box if neither the organization ne	or any related	orga	aniza	ation	cor	mpei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	son is both an ector/trustee)		compensation	compensation	amount of
	week	_	CCI aii		1 0010	I		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 c	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** =* ** = * ** ** ** ** ** ** ** ** **		and related
	below	idual	ution	ie i	Key employee	est co oyee	er			organizations
	line)	Indiv	Instii	Officer	Key 6	High emp	Former			
(1) RON LEIBOW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) HAROLD HAYES	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) PAUL PURDY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) TOM PETZINGER	1.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(5) KATHLEEN WALLACE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JALON ALEXANDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DINA CLARK	1.00							_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(8) DAVID EHRENWERTH	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(9) DAVID GURWIN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) MAXWELL KING	1.00								_	
CHAIR		Х		Х				0.	0.	0.
(11) EUGENE O'SULLIVAN	1.00									
TREASURER	4.0.00	Х		Х				0.	0.	0.
(12) COURTNAE TURKO	40.00								•	
VP, HR AND ORGANIZATIONAL DEVELOPMEN	4.0.00			Х				0.	0.	0.
(13) CHRISTOPHER CAPATO	40.00								•	
VP, FINANCE AND ADMINISTRA	40.00			Х				0.	0.	0.
(14) JOHN SUTTON	40.00								•	•
VP, AUDIENCES AND REVENUE	40.00			Х				0.	0.	0.
(15) TERENCE O'REILLY	40.00			,,					0	0
PRESIDENT AND CEO	1 00			Х	_			0.	0.	0.
(16) PAMELA CONNELLY	1.00	- V						_	^	^
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) RALPH EGERMAN	1.00							_	^	0
BOARD MEMBER		Х		L				0.	0.	0.

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)	_		(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	-
	hours per week					is bot or/trus		compensation from	compensatior from related	1		nount c other	o†
	(list any	ior						the	organizations	,		pensat	tion
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS			om the	
	related	stee o	ustee			Highest compensated employee		(W-2/1099-MISC)			org	anizati	on
	organizations	altrus	Institutional trustee		Key employee	comp						d relate	
	below line)	dividu	stitutio	Officer	yemp	ghest	Former				orga	anizatio	ons
(18) JAMES GIBBS	1.00	흐	Ë	5	<u>s</u>	宝岩	요			-			
BOARD MEMBER	1.00	x						0.		0.			0.
(19) ROBERT HILL	1.00				+		\vdash	0.		"			•
BOARD MEMBER	1.00	x						0.		0.			0.
(20) GUNJAN KHANNA	1.00	-			1					Ť			
BOARD MEMBER		x						0.		0.			0.
(21) KATIE O'MALLEY	1.00									-			
BOARD MEMBER		x						0.		0.			0.
(22) HERKY POLLOCK	1.00							-		$\overline{}$			
BOARD MEMBER		х						0.		0.			0.
(23) JULIEN SCRANTON	1.00							-		$\overline{}$			
BOARD MEMBER		x						0.		0.			0.
(24) SUZANNE MELLON	1.00									\neg			
BOARD MEMBER		х						0.		0.			0.
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable)			_
compensation from the organization													0
										ı		Yes	No
3 Did the organization list any former officer,			•		•		_		•				77
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•				37
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	=							•			_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	e J i	or s	ucn	per	son					5		
<u> </u>	mnonostad in	don	200	not o	- ont	root	oro t	that received more than	¢100,000 of some		ation f	*o.m	
1 Complete this table for your five highest co the organization. Report compensation for										Seris	ation	rom	
(A)	trie caleridar y	eai	enu	iig v	WILII	OI W	1	(B)	year.		(0	٠,	
Name and business	address	N	INC	E				Description of s	services	С		יי nsation	ı
-													
O Tabel country of the Land Country of the Lan		-1.11				"		d als accelerate	and the sec				
Total number of independent contractors (i\$100,000 of compensation from the organic		ot li	mıte	a to		se li: 0	stec	a above) who received m	nore tnan				
φ του,σου οι compensation from the organi.	∠ati∪i1 ►											990 (2	2000)

Form 990 (2020) CORPORA'
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					- Tantonon Toronas		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
3ra Ioui	b	Membership dues1b	620,302.				
ts, (c	Fundraising events1c					
la E	d	Related organizations 1d					
ini,	е	Government grants (contributions) 1e	22,780.				
i Si	f	All other contributions, gifts, grants, and					
ig H		similar amounts not included above 1f	576,000.				
dat	g	Noncash contributions included in lines 1a-1f 1g \$	61,233.				
<u>8</u> 0	h	Total. Add lines 1a-1f		1,219,082.			
			Business Code				
Se	2 a	JAZZ WORKS	900099	8,858.	8,858.		
Program Service Revenue	b						
n Si	c	;					
ran ev	c	I					
og	е	•					
ه ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	8,858.			
	3	Investment income (including dividends, interest	est, and	1			
		other similar amounts)		15,368.			15,368.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
une		and sales expenses					
ther Revenue	c	Gain or (loss) 7c					
ığ		Net gain or (loss)	<u>,</u>				
Ę.	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<u></u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b	L				
		` ' " " " "					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10t	·				
\rightarrow	C	Net income or (loss) from sales of inventory					
sn		OMILED INCOME	Business Code	4 026	4 026		
Miscellaneous Revenue		OTHER INCOME	515100	4,936.	4,936.		
lar	b						
Sce	C						
Ξ		All other revenue		4,936.			
		• Total. Add lines 11a-11d	-	1,248,244.	13,794.	0.	15,368.
	12	Total revenue. See instructions		上,440,444.		l 0.∥	TO,000.

PITTSBURGH COMMUNITY BROADCASTING CORPORATION 23-7257055 Page **10** Form 990 (2020) 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) Management and general expenses **(D)** Fundraising expenses (B) (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. 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, line of See Part I	3	Grants and other assistance to foreign				
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		organizations, foreign governments, and foreign				
Security Compensation of current officers, directors, trustess, and key employees		individuals. See Part IV, lines 15 and 16				
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(p(1))) and persons described in section 4958(p(1)) and persons described in section	4	Benefits paid to or for members				
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(p(1))) and persons described in section 4958(p(1)) and persons described in section	5	Compensation of current officers, directors,				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan acrusials and contributions (include section 491(k) and 493(b) employer contributions) 9 Other employee benefits 10 Payroll taxee 71,742. 43,803. 4,890. 14,449. 11 Person for services (nonemployees): 11 Fees for services (nonemployees): 12 Advantagement 15 Legal 1,064. 1,064						
persons described in section 4988(pt(1)) and persons described in section 4988(pt(1)) and persons described in section 4988(pt(1)) and approach and contributions (include section 4018(pt) and 403(pt) employer contributions) 50,219. 29,921. 8,945. 11,353. 9 Other employee benefits 50,219. 29,921. 8,945. 11,353. 9 Other employee benefits 71,742. 46,033. 9,812. 15,897. 11 Fees for services (nonemployees): a Management	6					
Persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Chrise remployee benefits 5 0, 219 . 29 , 921 . 8 , 945 . 11 , 353 . 9 Chrise remployee benefits 6 33, 142 . 43, 803 . 4, 890 . 14, 449 . 10 Payroll taxes 71, 742 . 46 , 033 . 9 , 812 . 15 , 897 . 11 Foes for services (nonemployees): a Management b Legal	•	· · · · · · · · · · · · · · · · · · ·				
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions (section 401(k) and 403(b) employer contributions (section 401(k) and 403(b) employer contributions)						
8 Pension plan accrusia and contributions (include section 401(k) and 403(h) employer contributions) 9 Other employee benefits 63,142. 43,803. 4,890. 14,449. 10 Payroll taxes 71,742. 46,033. 9,812. 15,897. 1 Fees for services (nonemployees): a Management	7		988.278.	639.798.	128.810.	219.670.
section 401(k) and 403(b) employer contributions) 9			300,2700	00577500	220,0201	
9 Other employee benefits	0	· ·	50 219	29 921	8 945	11 353
10 Payroll taxes	0	· · · · · · · · · · · · · · · · · · ·				14 449
11 Fees for services (nonemployees): a Management b Legal			71 7/2			15 207
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 3,588, 3,588, 0. 13 Office expenses 50,756, 24,735, <5,862, 31,883, 116 mortalization for tenchology 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses i timize expenses on line 24e, If line 24e expenses so to covered above List iniscellaneous expenses on line 24e, If line 24e amount exceeds 15% of line 25, column (A) amount, list line 24e expenses so the 24e, If line 24e expenses terms so on line 24e, If line 24e expenses so the 24e, If line 24e expenses so the 24e, If line 24e, If lin			/1,/44.	40,033.	9,014.	13,037.
b Legal	11	` ' ' '				
to Accounting	а		1 064		1 0 6 4	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 24 , 255. 5, 935. 2, 350. 15, 970. 3 , 588. 3, 588. 1 3 Office expenses 50, 7756. 24, 735. <5, 862. 31, 883. 14 Information technology 24, 633. 15, 839. 69. 8, 725. 15 Royalties 7 16 Occupancy 26, 171. 529. 25, 162. 480. 17 Travel 1, 452. 1, 324. 27. 101. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2, 172. 2, 172. 1 Payments to affiliates 2, 172. 2, 172. 2 Pepreciation, depletion, and amortization 37, 960. 37, 960. 15, 728. 4, 771. 10, 957. 20 Insurance 15, 728. 4, 771. 10, 957. 21 Payments to affiliates 2, 15, 728. 4, 771. 10, 957. 22 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, Ist line 24e expenses on Schedule 0.) 24 Other expenses of the column (A) amount, Ist line 24e expenses on Schedule 0.) 25 PROFESSIONAL DEVELOPMEN 13, 121. 13, 121. 13, 121. 14, 121. 14, 122. 14, 124. 15,	b					
e Professional fundraising services. See Part IV, line 17 f Investment management fees. g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 , 255 . 5 , 935 . 2 , 350 . 15 , 970 . 3 , 588 . 3 , 588 . 3	С		19,038.		19,038.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2	d					
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2	е	Professional fundraising services. See Part IV, line 17				
Column (A) amount, list line 11g expenses on Sch 0.) 24 , 255	f	Investment management fees				
12 Advertising and promotion 13 Office expenses 15 O,756. 24,735. <5,862. > 31,883. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 1	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses		column (A) amount, list line 11g expenses on Sch O.)	24,255.		2,350.	15,970.
14 Information technology 24,633. 15,839. 69. 8,725. 15 Royatties 26,171. 529. 25,162. 480. 16 Occupancy 26,171. 529. 25,162. 480. 17 Travel 1,452. 1,324. 27. 101. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20. 2,172. 2,1	12	Advertising and promotion		3,588.		_
14 Information technology 24,633. 15,839. 69. 8,725. 15 Royalties 20. 26,171. 529. 25,162. 480. 16 Occupancy 1,452. 1,324. 27. 101. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings 20. 2,172.	13		50,756.	24,735.	<5,862.	→ 31,883 .
15 Royalties	14		24,633.	15,839.	69.	8,725.
16 Occupancy	15					
17 Travel			26,171.	529.	25,162.	480.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 2 Interest 2 Depreciation, depletion, and amortization 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 37,960 · 15,728 · 4,771 · 10,957 · When the presses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ON AIR PROGRAMMING/TRAN bulled the pressure of the pressure						
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule 0.) ON AIR PROGRAMMING/TRAN ALLEGHENY FRONT PREMIUMS PROFESSIONAL DEVELOPMEN All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		Г	, -	, -		
19 Conferences, conventions, and meetings 20 Interest 2,172. 2,172. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 37,960. 37,960. 23 Insurance 15,728. 4,771. 10,957. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ON AIR PROGRAMMING/TRAN b ALLEGHENY FRONT 15,698. 15,698. c PREMIUMS 13,121. d PROFESSIONAL DEVELOPMEN 10,676. 2,852. 7,402. 422. e All other expenses Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	10	· '				
20 Interest 2,172. 2,172. 2 21 Payments to affiliates 37,960. 37,960. 37,960. 2 22 Depreciation, depletion, and amortization 15,728. 4,771. 10,957. 2 24 Other expenses. Itemize expenses on toovered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ON AIR PROGRAMMING/TRAN b ALLEGHENY FRONT	10	The state of the s				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 37,960 ⋅ 37,960 ⋅ 23 Insurance 15,728 ⋅ 4,771 ⋅ 10,957 ⋅ 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ON AIR PROGRAMMING/TRAN b ALLEGHENY FRONT c PREMIUMS d PROFESSIONAL DEVELOPMEN All other expenses All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)			2 172		2 172	
22 Depreciation, depletion, and amortization 37,960. 23 Insurance 15,728. 4,771. 10,957. 24 Other expenses. Itemize expenses on lore 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ON AIR PROGRAMMING/TRAN 5 15,698. 15,698. b ALLEGHENY FRONT 15,698. 15,698. c PREMIUMS 13,121. d PROFESSIONAL DEVELOPMEN 210,676. 2,852. 7,402. 422. e All other expenses 3,581. 740. 1,762. 1,079. 25 Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			2,172.		2,1724	
23 Insurance 15,728			37 960		37 960	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. a ON AIR PROGRAMMING/TRAN b ALLEGHENY FRONT 15,698. 15,698. c PREMIUMS 13,121. d PROFESSIONAL DEVELOPMEN 10,676. 2,852. 7,402. 422. e All other expenses 3,581. 740. 1,762. 1,079. Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)				<i>l</i> 771		
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Inite 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ON AIR PROGRAMMING/TRAN 248,048. 247,748. 300. b ALLEGHENY FRONT 15,698. 15,698. c PREMIUMS 13,121. 13,121. d PROFESSIONAL DEVELOPMEN 10,676. 2,852. 7,402. 422. e All other expenses 3,581. 740. 1,762. 1,079. 25 Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	24					
a ON AIR PROGRAMMING/TRAN b ALLEGHENY FRONT c PREMIUMS d PROFESSIONAL DEVELOPMEN e All other expenses Total functional expenses. Add lines 1 through 24e 248,048. 247,748. 300. 15,698. 15,698. 13,121. 10,676. 2,852. 7,402. 422. 3,581. 740. 1,762. 1,079. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		line 24e amount exceeds 10% of line 25, column (A)				
b ALLEGHENY FRONT 15,698. 15,698. c PREMIUMS 13,121. 13,121. d PROFESSIONAL DEVELOPMEN 10,676. 2,852. 7,402. 422. e All other expenses 3,581. 740. 1,762. 1,079. 25 Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 1,671,322. 1,083,314. 254,858. 333,150.			240 040	247 740	200	
c PREMIUMS 13,121. 13,121. d PROFESSIONAL DEVELOPMEN 10,676. 2,852. 7,402. 422. e All other expenses 3,581. 740. 1,762. 1,079. 25 Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720)	а		248,048.		300.	
PROFESSIONAL DEVELOPMEN All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	b			15,698.		40 404
All other expenses 3,581. 740. 1,762. 1,079. Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)	С			2 252	- 100	
Total functional expenses. Add lines 1 through 24e 1,671,322. 1,083,314. 254,858. 333,150. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d	PROFESSIONAL DEVELOPMEN				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Interval if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,671,322.	1,083,314.	254,858.	333,150.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
Check here if following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				
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	30201					(2020)

Form 990 (2020)
Part X Balance Sheet

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,682,519.	1	2,618,429
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			422,815.	3	109,900
	4	Accounts receivable, net			304,893.	4	274,446
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described		6			
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9				107,008.	9	76,600
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	4,938,636.			
	b	Less: accumulated depreciation	10b	1,989,660.	2,984,993.	10c	2,948,976
	11	Investments - publicly traded securities			916,379.	11	3,884,061
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets	5,540,146.	14	5,538,203		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			15,958,753.	16	15,450,615
	17	Accounts payable and accrued expenses		121,356.	17	45,312	
	18	Grants payable				18	
	19	Deferred revenue	116,314.	19	153,339		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa				21	
Š	22	Loans and other payables to any current or forme	er offic	er, director,			
≝		trustee, key employee, creator or founder, substa	ntial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of these	pers	ons		22	
	23	Secured mortgages and notes payable to unrelate	ed thi	rd parties	200,000.	23	200,000
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, paya	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			190,952.	25	188,932
	26	Total liabilities. Add lines 17 through 25			628,622.	26	587,583
'n		Organizations that follow FASB ASC 958, chec	k her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			11,676,772.	27	11,493,828
8	28	Net assets with donor restrictions		<u></u>	3,653,359.	28	3,369,204
Ĕ		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income	ome,	or other funds		31	
Š	32	Total net assets or fund balances			15,330,131.	32	14,863,032
	33	Total liabilities and net assets/fund balances			15,958,753.	33	15,450,615

Form **990** (2020)

Form 990 (2020)

23-7257055 Page **12** CORPORATION

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	48,2	244.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	71,3	322.			
3	Revenue less expenses. Subtract line 2 from line 1	3	<4	23,0	78.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,3					
5								
6	Donated services and use of facilities	6		44,0				
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	14,8	63,0	32.			
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?		2	а	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		21	b X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,						
	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 audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	c X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3	а	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	b				

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	Support Schedule for (Complete only if you checke fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I o	r if the organization			•
Se	ction A. Public Support	доло, р	р.ото т алт	,			
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2010	(u) 2019	(e) 2020	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	7585441.	6442219.	6873999.	11065240.	1219082.	33185981.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7585441.	6442219.	6873999.	11065240.	1219082.	33185981.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4305696.
	Public support. Subtract line 5 from line 4.						28880285.
	ction B. Total Support					-	
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7585441.	6442219.	68/3999.	11065240.	1219082.	33185981.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	40,044.	70,425.	40,931.	62,717.	15,368.	229,485.
_	and income from similar sources	40,044.	70,423.	40,931.	02,717.	13,300.	229,403.
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	110,385.	71,056.	43,803.	614.	4.936.	230,794.
11	Total support. Add lines 7 through 10	220,0001	72,0000	20,000	0220	2,3301	33646260.
	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	hava					ightharpoons
Se	ction C. Computation of Publ						······
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	85.84 %
	Public support percentage from 2019					15	87.80 %
	a 33 1/3% support test - 2020. If the						ox and
	stop here. The organization qualifies						
k	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	s-and-circumstand	es test, check this	box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□
k	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain ir	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 grature 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 transported and the paid to or expended on its behalf 5 The value of services or solities 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		, ,						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 1 Tax revenues leviet for the organization's benefit and either paid to ore expanded on its behalf to every period of the behalf of the paid to ore expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5 7 a Mounts included on lines 1, 2, and 3 received from disqualified persons behalf of the paid to ore the paid to o								
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's traveweriph purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or statities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts include on lines 2 and 7 served from the first of the pay 6. Add lines 7 and 7 b. 8. Public support, secretal solution 9. Amounts fortion line 6. 10. Gross income from interest, dividendis, payments received on and income from similar sources b. Unrelated business tzable income (less section 5.1 laxes) from businesses acquired after June 30, 1975 9. Add lines 10a and 10b 10. Add lines 10a and 10b 11. Net income from unrelated business whether or not the business is regulatly carried on 12. The fortion of the business whether or not the business is regulatly carried on 17 the 17 th, at 12; 14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, critical 15. Public support percentage for 2020 (line 16, column (f), divided by line 13, column (f)) 15. 99. 98. 98. 98. 98. 99. 90. 90. 90. 90. 90. 90. 90		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513 1 Tax revenues levied 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one of the disqualified persons is a service of microscopic organization without charge is an additional organization or line 18 to the year. 8 Public support, subsection 23 variation is a service organization in the 18 to the year. 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities losters (and any activities, and any activities, and income from limities organization in the control or the business is activities not included unline 10b, whether or not the business is activities on the cluded gain or loss from from unrelated business activities not included gain or loss from from unrelated business activities not include gain or loss from from unrelated business activities not include gain or loss from from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part VII) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage for 2020 (line B, column (f), divided by line 13, column (f))		•						
origanization's tax-exempt purpose 3 Cross recepts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received from disqualified persons b Amonita included on lines 2 and 3 received from disqualified persons to Add lines 7 and 7 b 8 Public support, spacing line 1 total list Section B. Total Support Calledar year (or fiscal year beginning in) 9 Amounts from line 6 10a Cross income from interest. Gividends, payments received on socurities loans, rents, royalties, and income from similar sources b I Inrelated business trable income (less section 5 If thate) from businesses acquired after June 30, 1975 c Add lines 10 and 10b 11 Net income from unrelated business whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support 17 Total section 5. Total 18 Public support percentage for 2020 (line 6, total) in 18 15 19 Fublic support percentage for 2020 (line 6, total) in 18 15 19 Fublic support percentage for 2020 (line 6, total, ord, ord, ord, ord, ord, ord, ord, ord		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513 4. Tax revenues levied 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 without charge 6. Total. Add lines 1 through 5. 7. a Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received the services of the se								
are not an unrelated trade or business under section 513 4 Tax revenues levied 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 without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 received from disqualified persons but have been serviced by a service of the service of th		· · · · •						
Interest under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5		•						
4 Tax revenues levied 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 without charge 6 Total. Add lines 1 through 5		5						
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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.)

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Pa	rt IV Supporting Organizations (continued)			
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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	ion 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 - pa	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

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

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
PART II, SECTION A AND B				
PITTSBURGH COMMUNITY BROADCASTING CORPORATION HAD A CHANGE IN ACCOUNT				
PERIOD FROM A JUNE 30, 2021 YEAR END TO A SEPEMBER 30, 2021 YEAR END.				
IN PART II THE COLUMN 2019 REFERENCES TAX YEAR JULY 1, 2020 TO JUNE 30,				
2021 AND COLUMN 2020 REFLECTS THE SHORT YEAR PERIOD OF JULY 1, 2021 TO				
SEPTEMBER 30, 2021.				

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.					
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\sum}}{\text{\$\sum}} \\ \bigsim \frac{\text{\$\sum}}{\text{\$\sum}} \\ \bigsim \frac{\text{\$\sum}}{\text{\$\sum}} \\ \bigsim \frac{\text{\$\sum}}{\text{\$\sum}} \\ \ext{\$\sum} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ext{\$\sum} \\ \ext{\$\sum} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
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

23-7257055

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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		
110.	Hume, addi 655, and Eli ⁻ T T	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

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

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

(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	t
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		t Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	t I
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		

	~~~~~	GH COMMUNI	TY BROADC	ASTING	23_7	257055 Page <b>2</b>
	edule D (Form 990) 2020 CORPORA'I  rt III Organizations Maintaining Co		t Historical Tr	oacuroc or Oth		
3			•			
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other records	s, check any or the	lollowing that make	significant use of it	S
_	Public exhibition	d	L con or evol	hange program		
a				nange program		
b	Scholarly research	е	Other			
C	Preservation for future generations	lastians and avalain	bout thou further th	aa araanization'a ay	omnt numaccia De	w VIII
4	Provide a description of the organization's col					ırt XIII.
5	During the year, did the organization solicit or					¬ v
Dai	to be sold to raise funds rather than to be maintain IV Escrow and Custodial Arrangement					Yes No
Га	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part	•	te if the organizatio	n answered "Yes" o	n Form 990, Part IV	, line 9, or
4 -					A facility of a sile	
та	Is the organization an agent, trustee, custodia					¬v
	on Form 990, Part X?				∟	Yes No
b	If "Yes," explain the arrangement in Part XIII a	na complete the fol	owing table:			
						Amount
	Beginning balance				···	
	Additions during the year					
_	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on Fo		•		,	Yes       No
	If "Yes," explain the arrangement in Part XIII.					<u></u>
Pai	rt V Endowment Funds. Complete if					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	3,000,000.	0.			
	Contributions	20.426	3,143,460.			
	Net investment earnings, gains, and losses	<38,436.	<143,460.	>		
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
g	End of year balance	2,961,564.	3,000,000.			
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:		
	Board designated or quasi-endowment		_%			
	Permanent endowment ► 100	%				
С	Term endowment					
	The percentages on lines 2a, 2b, and 2c shou					
3а	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administered for	the organization	
	by:					Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Pai	rt VI Land, Buildings, and Equipme					
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	Gee Form 990, Part >	K, line 10.	
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book value
		basis (investm			epreciation	
4 -	Land		63	7 <b>4</b> 17		637 417.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land		637,417.		637,417.	
b	Buildings		2,984,396.	1,174,866.	1,809,530.	
С	Leasehold improvements		282,383.		206,385.	
d	Equipment		1,034,440.	738,796.	295,644.	
<u>e</u>	Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

2,948,976. Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

CORPORATION

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Part VII Investments - Other Securities.	F 000 P+ IV line	addle Occ Form 200 Port V Free 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-c	of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of Charle	or year market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000. Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
	Description	3 11d. 336 1 3111 336, 1 d.t.X, iii 10.	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) UNDERWRITING PAYABLE			188,932.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			100 020
Total. (Column (b) must equal Form 990, Part X, col. (B) line		•	188,932.
2. Liability for uncertain tax positions. In Part XIII, provide		_	·

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CHE		01(1 01(111 1 01)				7237033	raye <del>T</del>
Paı	art XI Reconciliation of R	evenue per Audited Financial	Statements With	Revenue per R	eturn	١.	
	Complete if the organizati	ion answered "Yes" on Form 990, Part I	V, line 12a.				
1	Total revenue, gains, and other s	support per audited financial statements	3		1	1,229,	933.
2	Amounts included on line 1 but r	not on Form 990, Part VIII, line 12:					
а	a Net unrealized gains (losses) on	investments	2a	<44,021.	>		
b	b Donated services and use of fac	ilities	2b	25,710.			
е	e Add lines 2a through 2d				2e		311.
3					3	1,248,	244.
4	Amounts included on Form 990,	Part VIII, line 12, but not on line 1:					
а	a Investment expenses not include	ed on Form 990, Part VIII, line 7b	4a				
b	b Other (Describe in Part XIII.)		4b				
С	c Add lines 4a and 4b				4c		0.
		c. (This must equal Form 990, Part I, line	,		5	1,248,	244.
Pa		xpenses per Audited Financia		Expenses per	Retu	rn.	
	Complete if the organizati	ion answered "Yes" on Form 990, Part I	V, line 12a.				
1	Total expenses and losses per a	udited financial statements			1	1,697,	032.
2	Amounts included on line 1 but r	not on Form 990, Part IX, line 25:					
а	a Donated services and use of fac	ilities	2a	25,710.			
b	b Prior year adjustments		2b				
С	c Other losses		2c				
d	d Other (Describe in Part XIII.)		2d				
е	e Add lines 2a through 2d				2e	25,	710.
3	Subtract line 2e from line 1				3	1,671,	322.
4	,	Part IX, line 25, but not on line 1:					
		ed on Form 990, Part VIII, line 7b					
b	<b>b</b> Other (Describe in Part XIII.)		4b				_
					4c		0.
		4c. (This must equal Form 990, Part I, lin	ne 18.)		5	1,671,	322.
Pa	art XIII Supplemental Infor	mation.					
rov	vide the descriptions required for P	Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part >	<b>(</b> I,
nes	s 2d and 4b; and Part XII, lines 2d a	and 4b. Also complete this part to provid	de any additional inform	nation.			

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

► 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 CORPORATION

Employer identification number 23-7257055

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) FALCON FUNDRAISING - 1690 Yes No WATERTOWER PLACE, SUITE 400A PHONE SOLICITATION Х 37,434 8,970 28,464. 37,434. 8,970 28 464 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
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)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
•						
		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 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										
										<b>&gt;</b> \$								
3 Enter the amount of										<b>&gt;</b> \$								
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 interested person (b) Relatio with organi			(c) Purpose		an to or	(e) Original	(f	) Balance due	(g) In		(g) In (h) default?				(g) In (h) Appr		(i) W	ritten ment?
		ZaliUII	of loan	<u> </u>	zation?	principal amount								_				
				То	From				Yes	No	Yes	No	Yes	No				
												<u> </u>						
Гоtal						<b>&gt;</b> \$				<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>b)</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

Part IV	Business Transaction	ons Involvina	Interested Pers
Schedule L	. (Form 990 or 990-EZ) 2020	CORPORAT	ION

Part IV Business Transactions Involv	ing Interested Persons.							
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.						
(a) Name of interested person	(b) Relationship between interested person and the organization							
DAVID GURWIN	BOARD MEMBER	99.	DAVID GURWI	Yes	No X			
		33.	DIIVID COMMI					
Part V Supplemental Information.  Provide additional information for response.	onses to questions on Schedule L (see	instructions).						
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:					
(A) NAME OF PERSON: DAVID	GURWIN							
(D) DESCRIPTION OF TRANSAC	TION: DAVID GURWIN	IS A BOARD	MEMBER OF					
PITTSBURGH COMMUNITY BROAD	CASTING CORPORATION	, AND A SHA	REHOLDER IN					
BUCHANAN INGERSOLL & ROONE	Y PC LAW FIRM. DURI	NG THE REPO	RTING PERIO	D				
PITTSBURGH COMMUNITY BROAD	CASTING CORORATION	RETAINED BU	CHANAN INGE	RSOL	L			
& ROONEY PC TO FILE TRADEM	IARK APPLICATIONS AN	D PROVIDE C	THER LEGAL					
SERVICES.								

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

**Noncash Contributions** 

OMB No. 1545-0047

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

Open to Public Inspection

**Employer identification number** 

CORPORATION

23-7257055 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications ..... 4 Clothing and household goods 5 61,233.KELLEY BLUE BOOK VAL X 85 6 Cars and other vehicles ..... Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

Schedule M (Form 990) 2020

32a

Х

33

**b** If "Yes," describe in Part II.

describe in Part II.

Schedule M	(Form 990) 2020	CORPORATION	23-7257055	Page 2
Part II	Supplemental is reporting in Part this part for any ac	<b>Information.</b> 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	ition 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	Employer identification number	
CORPORATION	23-7257055	
EODW 000 DADW VI GEOMION G LINE 10.		
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. II	א אחדיידרוא דייים 990	
570, AND FINANCIAL STATEMENTS AVAILABLE OF ON REQUEST. II	N ADDITION, IIS 990	
AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS OWN WI	EBSITE.	
<u> </u>	<del></del>	