|                         |                       |                                 | EXTENDED TO MAY 15, 202  | 23             |                               | _                                 |  |  |  |
|-------------------------|-----------------------|---------------------------------|--|----------------|-------------------------------|-----------------------------------|--|--|--|
|                         | 0                     |                                 | Return of Organization Exempt Fr   | om Ir          | ncome Tax                     | OMB No. 1545-0047                 |  |  |  |
| Forr                    | пY                    | 90                              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co  |                |                               | s) <b>2021</b>                    |  |  |  |
|                         |                       |                                 | e made public.   | Open to Public |                               |                                   |  |  |  |
| Depa<br>Intern          | rtment<br>al Reve     | of the Treasury<br>enue Service | nformation.  | Inspection     |                               |                                   |  |  |  |
| AF                      | or th                 | e 2021 calenda                  | ar year, or tax year beginning $ { m JUL}1,2021$ and en  | nding J        | UN 30, 2022                   |                                   |  |  |  |
| Bc                      | heck if               | C Name of                       | organization   |                | D Employer identific          | ation number                      |  |  |  |
| а                       | pplicab               | THE                             | PUBLIC BROADCASTING COUNCIL OF CNY,  |                |                               |                                   |  |  |  |
|                         | Addre                 | ge INC.                         |  |                |                               |                                   |  |  |  |
|                         | Name<br>  Chang       | ge Doing bu                     | usiness as   |                | 16-087627                     | 77                                |  |  |  |
|                         | Initial               | Number                          | and street (or P.O. box if mail is not delivered to street address) Ro   | oom/suite      | E Telephone number            |                                   |  |  |  |
|                         | Final                 | √ <b>4</b> 1J                   | W. FAYETTE ST.   |                | 315-453-2                     |                                   |  |  |  |
|                         | termi<br>ated         | City or to                      | own, state or province, country, and ZIP or foreign postal code  |                | <b>G</b> Gross receipts \$    | 6,819,369.                        |  |  |  |
|                         | Amer                  | DIKA                            | CUSE, NY 13204   |                | H(a) Is this a group re       |                                   |  |  |  |
|                         | Appli<br>tion<br>pend | F Name a                        | nd address of principal officer: MITCH GELMAN  |                | for subordinates?             | ? Yes X No                        |  |  |  |
|                         |                       | 415 W                           | FAYETTE ST, SYRACUSE, NY 13204   |                | H(b) Are all subordinates ind | cluded? Yes No                    |  |  |  |
|                         |                       | empt status:                    |  | 527            | If "No," attach a             | list. See instructions            |  |  |  |
|                         |                       |                                 | WCNY.ORG   |                | H(c) Group exemption          |                                   |  |  |  |
| KF                      | orm o                 | of organization:                | X Corporation Trust Association Other F  | L Year o       | of formation: 1965 M          | I State of legal domicile: NY     |  |  |  |
| Ра                      | art I                 | Summary                         |  |                |                               |                                   |  |  |  |
| e                       | 1                     |                                 | e the organization's mission or most significant activities: THE PU  |                |                               |                                   |  |  |  |
| Activities & Governance |                       |                                 | RAL NEW YORK, INC. IS A NOT-FOR-PRO  |                |                               |                                   |  |  |  |
| erné                    | 2                     |                                 | x 🕨 🛄 if the organization discontinued its operations or disposed  | d of more      | than 25% of its net ass       |                                   |  |  |  |
| 0Ň                      | 3                     | Number of vot                   | 20   |                |                               |                                   |  |  |  |
| 8<br>8                  | 4                     | Number of ind                   | 20   |                |                               |                                   |  |  |  |
| es                      | 5                     | Total number                    | 62   |                |                               |                                   |  |  |  |
| iviti                   | 6                     |                                 | of volunteers (estimate if necessary)  |                |                               | 12                                |  |  |  |
| Act                     |                       |                                 | d business revenue from Part VIII, column (C), line 12   |                |                               | 194,814.                          |  |  |  |
|                         | b                     | Net unrelated                   | business taxable income from Form 990-T, Part I, line 11   | <u></u>        |                               | 0.                                |  |  |  |
|                         |                       |                                 |  |                | Prior Year<br>6,601,660.      | <u>Current Year</u><br>5,798,016. |  |  |  |
| ne                      | 8                     |                                 |  |                |                               |                                   |  |  |  |
| Revenue                 | 9                     |                                 |  |                | 0.1,214.                      | 0.<br>7,605.                      |  |  |  |
| Re                      | 10                    |                                 | come (Part VIII, column (A), lines 3, 4, and 7d)   |                | 1,425,338.                    | 745,460.                          |  |  |  |
|                         | 11                    |                                 | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                | 8,028,212.                    | 6,551,081.                        |  |  |  |
|                         | 12<br>13              |                                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                | 0,020,212.                    | 0.                                |  |  |  |
|                         |                       |                                 | nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)                    |                | 0.                            | 0.                                |  |  |  |
|                         |                       |                                 | to or for members (Part IX, column (A), line 4)<br>· compensation, employee benefits (Part IX, column (A), lines 5-10) |                | 2,958,811.                    | 2,793,428.                        |  |  |  |
| ses                     |                       |                                 | undraising fees (Part IX, column (A), line 11e)  |                | 0.                            | 0.                                |  |  |  |
| Expenses                |                       |                                 | ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 696, 113  | 3.             |                               |                                   |  |  |  |
| ĔĂ                      |                       |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)   |                | 4,052,632.                    | 4,583,089.                        |  |  |  |
|                         | 18                    |                                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                | 7,011,443.                    | 7,376,517.                        |  |  |  |
|                         | 19                    |                                 | expenses. Subtract line 18 from line 12  |                | 1,016,769.                    | -825,436.                         |  |  |  |
| or<br>es                |                       |                                 |  | Bec            | jinning of Current Year       | End of Year                       |  |  |  |
| ets<br>lanc             | 20                    | Total assets (F                 | Part X, line 16)   |                | 19,117,488.                   | 17,477,979.                       |  |  |  |
| Ass<br>I Ba             | 21                    | ·                               | (Part X, line 26)  |                | 4,241,239.                    | 3,348,023.                        |  |  |  |
| _Net                    | 20<br>21<br>22        |                                 | fund balances. Subtract line 21 from line 20   |                | 14,876,249.                   | 14,129,956.                       |  |  |  |
| Pa                      | irt II                |                                 |  |                | -                             | •                                 |  |  |  |
| Unde                    | er pen                | alties of perjury,              | I declare that I have examined this return, including accompanying schedules an  | nd stateme     | nts, and to the best of my    | knowledge and belief, it is       |  |  |  |
| <u>true,</u>            | corre                 | ct, and complete.               | Declaration of preparer (other than officer) is based on all information of which                                      | h preparer l   | nas any knowledge.            |                                   |  |  |  |
|                         |                       |                                 |  |                |                               |                                   |  |  |  |
| Sigr                    | ı                     | Signature                       | e of officer   |                | Date                          |                                   |  |  |  |
| Her                     | е                     |                                 | H GELMAN, PRESIDENT & CEO  |                |                               |                                   |  |  |  |
|                         |                       | I VDO OF D                      | wint name and title  |                |                               |                                   |  |  |  |

|           | Type of print name and the  |                      |         |                            |  |  |  |  |  |  |  |  |
|-----------|---|----------------------|---------|----------------------------|--|--|--|--|--|--|--|--|
|           | Print/Type preparer's name  | Preparer's signature | Date    | Check PTIN                 |  |  |  |  |  |  |  |  |
| Paid      | NICOLE C. WOODALL   | NICOLE C. WOODALL    | 05/15/2 | 23 self-employed P00427230 |  |  |  |  |  |  |  |  |
| Preparer  | Firm's name 🕨 FUST CHARLES CHA  |                      |         | rm's EIN ▶ 16-1226221      |  |  |  |  |  |  |  |  |
| Use Only  | Firm's address 5784 WIDEWATERS  | PARKWAY              |         |                            |  |  |  |  |  |  |  |  |
|           | SYRACUSE, NY 132  | 14-                  | Pl      | hone no. 315-446-3600      |  |  |  |  |  |  |  |  |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions |                      |         |                            |  |  |  |  |  |  |  |  |
|           |   |                      |         |                            |  |  |  |  |  |  |  |  |

| 32001 12-09-21 | LHA For Pape | rwork Red | uction Act Notice, see the | e separate instr | uctions.  |              |
|----------------|--------------|-----------|----------------------------|------------------|-----------|--------------|
| SEE            | SCHEDULE     | O FOR     | ORGANIZATION               | MISSION          | STATEMENT | CONTINUATION |

Form **990** (2021)

|        | THE PUBLIC BROADCASTING COUNCIL OF CNY,  |                       |
|--------|--|-----------------------|
|        | <u>n 990 (</u> 2021) INC. 16-08762   | 77 Page <b>2</b>      |
| Par    | rt III Statement of Program Service Accomplishments  |                       |
|        | Check if Schedule O contains a response or note to any line in this Part III   | X                     |
| 1      | Briefly describe the organization's mission:   |                       |
|        | THE PUBLIC BROADCASTING COUNCIL OF CENTRAL NEW YORK, INC. IS A   |                       |
|        | NOT-FOR-PROFIT NEW YORK CORPORATION WHICH OPERATES A NON-COMMERCI.   |                       |
|        | PUBLIC TELEVISION STATION (WCNY) AND A NON-COMMERCIAL PUBLIC FM R.   |                       |
|        | STATION (WCNY) IN SYRACUSE, NEW YORK AND AIMS TO EDUCATE, INSPIRE  | AND                   |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                           |                       |
|        |  | Yes X No              |
|        | If "Yes," describe these new services on Schedule O.   |                       |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                           | Yes X No              |
|        | If "Yes," describe these changes on Schedule O.  |                       |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe        |                       |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense | ses, and              |
|        | revenue, if any, for each program service reported.  |                       |
| 4a     |  | )                     |
|        | TELEVISION- AFFILIATE OF PBS SERVING 19 COUNTIES. THE PUBLIC   |                       |
|        | BROADCASTING COUNCIL ALSO PRODUCES ORIGINAL PROGRAMMING THAT INSP  |                       |
|        | EDUCATES, AND ENTERTAINS, AND OFFERS AWARD-WINNING VIDEO PRODUCTI  | DNS.                  |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
| 4b     | (Code:) (Expenses \$622,305. including grants of \$) (Revenue \$)  | )                     |
|        | RADIO- CLASSIC FM CONNECTS LISTENERS TO LIVE MUSIC PERFORMERS, GR  |                       |
|        | ENTERTAINERS AND OPPORTUNITIES TO EXPERIENCE THEM, FEATURING LOCA  |                       |
|        | MUSIC ORGANIZATIONS PLUS THE WORLD'S BEST ORCHESTRAS, CHAMBER GRO  | JPS                   |
|        | AND SOLOISTS, AND TO THE MUSIC, COMPOSERS, STORIES, RELATIONS AND  |                       |
|        | INTRIGUES THEREIN OF THE LAST 500 YEARS. THE VISUALLY IMPAIRED   |                       |
|        | AUDIENCES CAN ACCESS "READ-OUT", A RADIO READING SERVICE.  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
| 4c     | (Code:) (Expenses \$622,306. including grants of \$) (Revenue \$)  | )                     |
|        | EDUCATIONAL OUTREACH- THE PUBLIC BROADCASTING COUNCIL CONNECTS   |                       |
|        | EDUCATORS AND STUDENTS TO A WIDE VARIETY OF ENGAGING MULTIMEDIA  |                       |
|        | CONTENT, RESOURCES AND INTERVIEWS.   |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
|        |  |                       |
| 4d     | Other program services (Describe on Schedule O.)   |                       |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |                       |
| 4e     |  |                       |
|        | F  | orm <b>990</b> (2021) |
| 132002 | 2 12-09-21   |                       |
|        | 3  |                       |

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INC.

Part IV Checklist of Required Schedules

Form 990 (2021)

|          |   |                  | 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                | X   |          |  |  |  |  |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2                | Х   |          |  |  |  |  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |                  |     |          |  |  |  |  |
|          | public office? If "Yes," complete Schedule C, Part I  | 3                |     | _X_      |  |  |  |  |
| 4        | tion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |                  |     |          |  |  |  |  |
|          | during the tax year? If "Yes," complete Schedule C, Part II   | 4                |     | <u> </u> |  |  |  |  |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |                  |     |          |  |  |  |  |
|          | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5                |     | <u> </u> |  |  |  |  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |                  |     | 37       |  |  |  |  |
| _        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6                |     | <u> </u> |  |  |  |  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | _                |     | v        |  |  |  |  |
| ~        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7                |     | <u> </u> |  |  |  |  |
| 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?   |                  |     |          |  |  |  |  |
|          |   | 9                |     | х        |  |  |  |  |
| 10       | If "Yes," complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | - 5              |     |          |  |  |  |  |
| .0       | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10               | x   |          |  |  |  |  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,  |                  |     |          |  |  |  |  |
|          | as applicable.  |                  |     |          |  |  |  |  |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |                  |     |          |  |  |  |  |
|          | Part VI   | 11a              | x   |          |  |  |  |  |
| b        | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |                  |     |          |  |  |  |  |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b              |     | Х        |  |  |  |  |
| с        | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |                  |     |          |  |  |  |  |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c              |     | X        |  |  |  |  |
| 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              | X   |          |  |  |  |  |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e              | Х   |          |  |  |  |  |
| f        | · · · · · · · · · · · · · · · · · · ·   |                  |     |          |  |  |  |  |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f              | X   |          |  |  |  |  |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |                  |     | 37       |  |  |  |  |
|          | Schedule D, Parts XI and XII  | 12a              |     | <u> </u> |  |  |  |  |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 10               | v   |          |  |  |  |  |
| 12       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional<br>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 12b<br>13        | _X  | X        |  |  |  |  |
| 13       |   | 14a              |     | X        |  |  |  |  |
| 14a<br>b | Did the organization maintain an office, employees, or agents outside of the United States?   | i <del>n</del> a |     |          |  |  |  |  |
| U        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |                  |     |          |  |  |  |  |
|          | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b              |     | х        |  |  |  |  |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |                  |     |          |  |  |  |  |
|          | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15               |     | х        |  |  |  |  |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |                  |     |          |  |  |  |  |
|          | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16               |     | X        |  |  |  |  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |                  |     |          |  |  |  |  |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17               |     | X        |  |  |  |  |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |                  |     |          |  |  |  |  |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18               | X   |          |  |  |  |  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |                  |     | 37       |  |  |  |  |
|          | complete Schedule G, Part III   | 19               |     | X        |  |  |  |  |
| 20a      | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>   | 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 approximation of the second secon |                  |     | х        |  |  |  |  |
|          | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21               |     | Λ        |  |  |  |  |

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|        | 990 (2021) INC. 16-0876  | 277       | P        | <sub>age</sub> 4 |  |  |  |  |  |  |
|--------|--|-----------|----------|------------------|--|--|--|--|--|--|
| Pa     | t IV Checklist of Required Schedules (continued)   |           |          |                  |  |  |  |  |  |  |
|        |  |           | Yes      | No               |  |  |  |  |  |  |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |           |          |                  |  |  |  |  |  |  |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |          | X                |  |  |  |  |  |  |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  |           |          |                  |  |  |  |  |  |  |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           | х        |                  |  |  |  |  |  |  |
|        | Schedule J   |           |          |                  |  |  |  |  |  |  |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |           |          |                  |  |  |  |  |  |  |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |           |          |                  |  |  |  |  |  |  |
|        | Schedule K. If "No," go to line 25a  | 24a       |          | X                |  |  |  |  |  |  |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |          |                  |  |  |  |  |  |  |
| с      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |           |          |                  |  |  |  |  |  |  |
|        | any tax-exempt bonds?  | 24c       |          | <u> </u>         |  |  |  |  |  |  |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |          | <u> </u>         |  |  |  |  |  |  |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |          |                  |  |  |  |  |  |  |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |          | <u> </u>         |  |  |  |  |  |  |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |           |          |                  |  |  |  |  |  |  |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |           |          |                  |  |  |  |  |  |  |
|        | Schedule L, Part I   | 25b       |          | X                |  |  |  |  |  |  |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |           |          |                  |  |  |  |  |  |  |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |           |          |                  |  |  |  |  |  |  |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26        |          | X                |  |  |  |  |  |  |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |           |          |                  |  |  |  |  |  |  |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |           |          |                  |  |  |  |  |  |  |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27        |          | X                |  |  |  |  |  |  |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |           |          |                  |  |  |  |  |  |  |
|        | instructions for applicable filing thresholds, conditions, and exceptions):  |           |          |                  |  |  |  |  |  |  |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |           |          |                  |  |  |  |  |  |  |
|        | "Yes," complete Schedule L, Part IV  | 28a       |          | X                |  |  |  |  |  |  |
|        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b       |          | <u>x</u>         |  |  |  |  |  |  |
| С      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |           |          | 77               |  |  |  |  |  |  |
|        | "Yes," complete Schedule L, Part IV  | 28c       |          | X                |  |  |  |  |  |  |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        |          | <u> </u>         |  |  |  |  |  |  |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |           |          | v                |  |  |  |  |  |  |
|        | contributions? If "Yes," complete Schedule M   | 30        |          | X                |  |  |  |  |  |  |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>   | 31        |          | <u> </u>         |  |  |  |  |  |  |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |          | x                |  |  |  |  |  |  |
| 22     | Schedule N, Part II<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32        |          |                  |  |  |  |  |  |  |
| 33     |  | 22        |          | х                |  |  |  |  |  |  |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |          | - 23             |  |  |  |  |  |  |
| 54     |  | 34        | х        |                  |  |  |  |  |  |  |
| 35 -   | Part V, line 1<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34<br>35a | X        |                  |  |  |  |  |  |  |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 554       |          |                  |  |  |  |  |  |  |
| 5      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       |          | х                |  |  |  |  |  |  |
| 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        |          | х                |  |  |  |  |  |  |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |           |          |                  |  |  |  |  |  |  |
|        |  | 38        | Х        |                  |  |  |  |  |  |  |
| Pa     |  |           |          |                  |  |  |  |  |  |  |
|        | Check if Schedule O contains a response or note to any line in this Part V   |           |          |                  |  |  |  |  |  |  |
|        |  |           | Yes      | No               |  |  |  |  |  |  |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 29</b>  | -         |          |                  |  |  |  |  |  |  |
| b      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>  | -         |          |                  |  |  |  |  |  |  |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |           | v        |                  |  |  |  |  |  |  |
| 10005  | (gambling) winnings to prize winners?  | 1c        | X<br>990 | (2021)           |  |  |  |  |  |  |
| 132004 | - 12-09-21<br>5  | POUL      | 200      | 2021)            |  |  |  |  |  |  |

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| m  | 990 (2021) INC.  |               | 16-0876          | 277 | P   | age |  |  |  |  |  |
|----|--|---------------|------------------|-----|-----|-----|--|--|--|--|--|
| ar | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |               |                  |     |     |     |  |  |  |  |  |
|    |  |               |                  |     | Yes | No  |  |  |  |  |  |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |               | 60               |     |     |     |  |  |  |  |  |
|    | filed for the calendar year ending with or within the year covered by this return  | 2a            | 62               |     | 77  |     |  |  |  |  |  |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax retur  |               |                  | 2b  | Х   |     |  |  |  |  |  |
|    | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instructions<br>Did the organization have unrelated business gross income of \$1,000 or more during the year? |               |                  |     |     |     |  |  |  |  |  |
|    | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |               |                  |     |     |     |  |  |  |  |  |
|    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  |               |                  | 3b  | Х   |     |  |  |  |  |  |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |               |                  |     |     |     |  |  |  |  |  |
|    | financial account in a foreign country (such as a bank account, securities account, or other financial a   | iccount)?     |                  | 4a  |     | X   |  |  |  |  |  |
| b  | If "Yes," enter the name of the foreign country  |               |                  |     |     |     |  |  |  |  |  |
|    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   | ccounts (Fl   | BAR).            |     |     | 37  |  |  |  |  |  |
|    | 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 th  | e organizat   | tion solicit     |     |     |     |  |  |  |  |  |
|    | any contributions that were not tax deductible as charitable contributions?  |               |                  | 6a  | Х   |     |  |  |  |  |  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributi   | ons or gifts  | 6                |     |     |     |  |  |  |  |  |
|    | were not tax deductible?   |               |                  | 6b  | Х   |     |  |  |  |  |  |
| 7  | Organizations that may receive deductible contributions under section 170(c).  |               |                  |     |     |     |  |  |  |  |  |
| а  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set  | vices provid  | ed to the payor? | 7a  |     | X   |  |  |  |  |  |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |               |                  | 7b  |     |     |  |  |  |  |  |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | as required   |                  |     |     |     |  |  |  |  |  |
|    | to file Form 8282?   |               |                  | 7c  |     | X   |  |  |  |  |  |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d            |                  |     |     |     |  |  |  |  |  |
| е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or   | ontract?      |                  | 7e  |     | X   |  |  |  |  |  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  | act?          |                  | 7f  |     | X   |  |  |  |  |  |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | orm 8899 a    | s required?      | 7g  |     |     |  |  |  |  |  |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   | tion file a F | orm 1098-C?      | 7h  |     |     |  |  |  |  |  |
| 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | l 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  |     |     |  |  |  |  |  |
| 0  | Section 501(c)(7) organizations. Enter:  |               |                  |     |     |     |  |  |  |  |  |
| а  | Initiation fees and capital contributions included on Part VIII, line 12   | 10a           |                  |     |     |     |  |  |  |  |  |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b           |                  |     |     |     |  |  |  |  |  |
| 1  | Section 501(c)(12) organizations. Enter:   |               |                  |     |     |     |  |  |  |  |  |
| а  | Gross income from members or shareholders  | 11a           |                  |     |     |     |  |  |  |  |  |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against  |               |                  |     |     |     |  |  |  |  |  |
|    | amounts due or received from them.)  | 11b           |                  |     |     |     |  |  |  |  |  |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041?         |                  | 12a |     |     |  |  |  |  |  |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b           |                  |     |     |     |  |  |  |  |  |
| 3  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |               |                  |     |     |     |  |  |  |  |  |
| а  | Is the organization licensed to issue qualified health plans in more than one state?   |               |                  | 13a |     |     |  |  |  |  |  |
|    | Note: See the instructions for additional information the organization must report on Schedule O.  |               |                  |     |     |     |  |  |  |  |  |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the   |               |                  |     |     |     |  |  |  |  |  |
|    | organization is licensed to issue qualified health plans   | 13b           |                  |     |     |     |  |  |  |  |  |
| с  | Enter the amount of reserves on hand   | 13c           |                  |     |     |     |  |  |  |  |  |
| 1a |  | LI            |                  | 14a |     | X   |  |  |  |  |  |
|    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu  |               |                  | 14b |     |     |  |  |  |  |  |
| 5  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   |               |                  |     |     |     |  |  |  |  |  |
|    | excess parachute payment(s) during the year?   |               |                  | 15  |     | x   |  |  |  |  |  |
|    | If "Yes," see the instructions and file Form 4720, Schedule N.   |               |                  |     |     |     |  |  |  |  |  |
| 3  | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | t income?     |                  | 16  |     | x   |  |  |  |  |  |
|    | If "Yes," complete Form 4720, Schedule O.  |               |                  | 10  |     |     |  |  |  |  |  |
| 7  | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in   | anv           |                  |     |     |     |  |  |  |  |  |
| '  | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |               |                  | 17  |     |     |  |  |  |  |  |
|    | activities that would result in the imposition of an excise tax under section 4851, 4852 of 4853? $\dots$  |               |                  | 17  |     |     |  |  |  |  |  |
|    | If "Yes," complete Form 6069.  |               |                  |     |     |     |  |  |  |  |  |

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Form 990 (2021)

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| <ul> <li>1a Enter the number If there are material body delegated broad be Enter the number</li> <li>2 Did any officer, director, triscont of officers, director</li> <li>3 Did the organization of officers, director</li> <li>4 Did the organization</li> <li>5 Did the organization</li> <li>6 Did the organization</li> <li>7a Did the organization</li> <li>7a Did the organization</li> <li>7a Did the organization</li> <li>8 Did the organization</li> <li>8 Did the organization</li> <li>8 Did the organization</li> <li>9 Is there any officer</li> <li>10a Did the organization's material</li> <li>11a Has the organization's material</li> <li>12a Did the organization's material</li> <li>12a Did the organization's book of the organization's material</li> <li>13 Did the organization's material</li> <li>14 Did the organization's book of the organization's boo</li></ul> | verning Body and Management   |           |         |      |
|--|---|-----------|---------|------|
| If there are material<br>body delegated broad<br>b Enter the number<br>2 Did any officer, di<br>officer, director, th<br>3 Did the organizati<br>of officers, director<br>4 Did the organizati<br>5 Did the organizati<br>6 Did the organizati<br>7a Did the organizati<br>7a Did the organizati<br>more members of<br>b Are any governan<br>persons other that<br>8 Did the organizati<br>a The governing bo<br>b Each committee v<br>9 Is there any office<br>organization's material<br>6 Did the organizati<br>b If "Yes," did the organizati<br>b If "Yes," did the organizati<br>b Describe on Sche<br>12a Did the organizati<br>b Were officers, direct<br>c Did the organizati<br>b Were officers of H<br>13 Did the organizati<br>on Schedule O ho<br>13 Did the organizati<br>b Uthe organizati<br>on Schedule O ho<br>13 Did the organizati<br>on Schedule O ho<br>13 Did the organizati<br>on Schedule O ho<br>14 Did the organizati<br>on Schedule O ho<br>15 Did the organizati<br>on Schedule O ho<br>16 Did the organizati<br>on Schedule O ho<br>17 List the states with<br>18 Section 6104 requised<br>for public inspect<br>i Own websit<br>19 Describe on Sche<br>statements availa   |   |           | Yes     | No   |
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| <ul> <li>body delegated broad</li> <li>b Enter the number</li> <li>2 Did any officer, di officer, director, tri</li> <li>3 Did the organization of officers, director, tri</li> <li>3 Did the organization</li> <li>5 Did the organization</li> <li>6 Did the organization</li> <li>7a Did the organization</li> <li>a The governing booding</li> <li>b Each committee of b Are any governant persons other that</li> <li>8 Did the organization</li> <li>a The governing booding</li> <li>b Each committee of b Each committee of the organization's matches to a committee of the organization's matches to a committee of the organization's matches to a Did the organization's b Other officers, direction Schedule O hard branches to a Did the organization's b Uther officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes," did the organization's b Other officers or P If "Yes</li></ul> | aterial differences in voting rights among members of the governing body at the end of the tax year <b>1a 20</b>                            | -         |         |      |
| <ul> <li>b Enter the number</li> <li>2 Did any officer, di officer, director, tr</li> <li>3 Did the organizati of officers, director</li> <li>4 Did the organizati</li> <li>5 Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>7a Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>7a Did the organizati</li> <li>7a Did the organizati</li> <li>7a Did the organizati</li> <li>8 Did the organizati</li> <li>7a Did the organizati</li> <li>7b Each committee V</li> <li>9 Is there any office</li> <li>7a organization's mathematical to a schedule of and branches to a schedule of and branches to a did the organizati</li> <li>7a Did the organizati</li> <li>7b Did the organizati</li> <li>7c Did the organizati</li> <li>7d Did the organizati</li> <li>8d Did the organizati</li> <li>9 Dit reficers or H</li> <li>16 T'Yes," did the organizati</li> <li>7a Did the organizati</li> <li>7a Did the organizati</li> <li>7a Did the organizati</li> <li>7b Other officers or H</li> <li>7c List the states with</li> <li>7d Section C. Disclose</li> <li>7d List the states with</li> <li>7d Describe on Schema</li> <li>7d Sectio</li></ul> | d broad authority to an executive committee or similar committee, explain on Schedule O.  |           |         |      |
| <ul> <li>2 Did any officer, di officer, director, tra officer, director, tra of officers, director</li> <li>3 Did the organizati of officers, director</li> <li>4 Did the organizati</li> <li>5 Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>8 Did the organization</li> <li>a The governing bo</li> <li>b Each committee v</li> <li>9 Is there any office</li> <li>organization's material</li> <li>6 Did the organizati</li> <li>b If "Yes," did the organizati</li> <li>b Describe on Schee</li> <li>12a Did the organizati</li> <li>b Were officers, director</li> <li>c Did the organizati</li> <li>b Were officers, director</li> <li>c Did the organizati</li> <li>i Tyes," did the organizati</li> <li>i Did the organizati</li> <li>i Did the organizati</li> <li>i Did the organizati</li> <li>i Tyes," did the organizati</li> <li>i Did the organizati</li> <li>i Tyes," did the organizati</li> <li>i Tyes," did the organizati</li> <li>i Tyes," did the organizati</li> <li>i The organizati or setti</li> <li>i Tyes," did the organizati</li> <li>i The or</li></ul> |   |           |         |      |
| <ul> <li>officer, director, tr</li> <li>3 Did the organization of officers, director</li> <li>4 Did the organization</li> <li>5 Did the organization</li> <li>6 Did the organization</li> <li>7a Did the organization</li> <li>8 Did the organization</li> <li>8 Did the organization</li> <li>8 Did the organization</li> <li>8 Did the organization</li> <li>9 Is there any officer</li> <li>organization's mage</li> <li>6 Did the organization</li> <li>9 Is there any officer</li> <li>organization's mage</li> <li>6 Did the organization</li> <li>9 Is there any officer</li> <li>organization's mage</li> <li>6 Did the organization</li> <li>9 Is there any officer</li> <li>organization's mage</li> <li>6 Did the organization</li> <li>b If "Yes," did the organization</li> <li>b Describe on Schee</li> <li>12a Did the organization</li> <li>b Were officers, direct</li> <li>c Did the organization</li> <li>15 Did the organization</li> <li>16 Did the organization</li> <li>17 List the states with</li> <li>18 Section 6104 requer</li> <li>for public inspect</li> <li>Own website</li> <li>19 Describe on Schee</li> <li>statements availa</li> </ul>  |   | -         |         |      |
| <ul> <li>3 Did the organizati of officers, director</li> <li>4 Did the organizati of officers, director</li> <li>4 Did the organizati</li> <li>5 Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>8 Did the organization</li> <li>8 Did the organization</li> <li>9 Is there any office organization's mass</li> <li>6 Each committee v</li> <li>9 Is there any office</li> <li>10 Did the organizati</li> <li>b Describe on Sche</li> <li>12 Did the organizati</li> <li>14 Did the organizati</li> <li>15 Did the process for persons, compara</li> <li>a The organization's</li> <li>b Other officers or lif "Yes," did the organizati</li> <li>15 Did the organizati</li> <li>16 Did the organizati</li> <li>17 List the states with</li> <li>18 Section 6104 requires</li> <li>19 Describe on Sche</li> <li>19 Describe on Sche</li> <li>19 Describe on Sche</li> <li>19 Describe on Sche</li> </ul>  | er, director, trustee, or key employee have a family relationship or a business relationship with any other                                 | 2         | х       |      |
| <ul> <li>of officers, directo</li> <li>4 Did the organizati</li> <li>5 Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>8 Did the organization</li> <li>8 Did the organization's material</li> <li>8 Did the organizati</li> <li>9 Is there any office</li> <li>organization's material</li> <li>8 Did the organizati</li> <li>9 Is there any office</li> <li>organization's material</li> <li>9 Is there any office</li> <li>organization's material</li> <li>9 Did the organizati</li> <li>b Describe on Schee</li> <li>12a Did the organizati</li> <li>on Schedule O ho</li> <li>13 Did the organizati</li> <li>14 Did the organizati</li> <li>15 Did the organizati</li> <li>16 Did the organizati</li> <li>17 List the states with</li> <li>18 Section 6104 require</li> <li>19 Describe on Schee</li> <li>19 Describe on Schee</li> <li>19 Describe on Schee</li> <li>19 Describe on Schee</li> </ul>   | tor, trustee, or key employee?<br>nization delegate control over management duties customarily performed by or under the direct supervision | <b>_</b>  |         |      |
| <ul> <li>4 Did the organizati</li> <li>5 Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organization</li> <li>8 Did the organization</li> <li>a The governing bo</li> <li>b Each committee v</li> <li>9 Is there any office</li> <li>organization's materia</li> <li>6 Did the organizati</li> <li>b If "Yes," did the organizati</li> <li>b Describe on Schee</li> <li>12a Did the organizati</li> <li>b Were officers, direct</li> <li>c Did the organizati</li> <li>b Were officers, direct</li> <li>c Did the organizati</li> <li>a The organizati</li> <li>b Ud the organizati</li> <li>b Ud the organizati</li> <li>c Did the organizati</li> <li>a The organization's</li> <li>b Other officers or H</li> <li>If "Yes," did the organization's</li> <li>b Other officers or H</li> <li>If "Yes," did the organization's</li> <li>b Other officers or H</li> <li>If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>b If "Yes," did the organizati</li> <li>c Tist the states with</li> <li>18 Section 6104 required for public inspect</li> <li>in Own website</li> <li>in Seche on Sche</li> <li>in Statements availa</li> </ul>   |   | 2         |         | x    |
| <ul> <li>5 Did the organizati</li> <li>6 Did the organizati</li> <li>7a Did the organizati</li> <li>more members of</li> <li>b Are any governan</li> <li>persons other that</li> <li>8 Did the organization</li> <li>a The governing bood</li> <li>b Each committee of</li> <li>9 Is there any office organization's magnization's m</li></ul> | lirectors, trustees, or key employees to a management company or other person?  | 3         |         | X    |
| <ul> <li>6 Did the organization more members of b Are any governance persons other that a Did the organization a The governing bo b Each committee of generation's mathematication b If "Yes," did the organization's mathematication b Describe on Scheel Did the organization b Ure officers, direction C Did the organization's direction for public inspect</li> <li>10 a Did the organization b Describe on Scheel Did the organization b Describe on Scheel Did the organization on Schedule O hore officers, direction C Did the organization's b Other officers or Parsons, compara a The organization's b Other officers or Parsons, compara a taxable entity dur b If "Yes," did the o a in joi</li></ul> | nization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4<br>5    |         | X    |
| <ul> <li>7a Did the organization more members of b Are any governant persons other that a Did the organization a The governing bo b Each committee organization's material b Each committee organization's material b Did the organization's material b If "Yes," did the organization's material b Describe on Schee 12a Did the organization's did the</li></ul> |   | 6         | x       |      |
| <ul> <li>more members of</li> <li>b Are any governan persons other that</li> <li>8 Did the organization</li> <li>a The governing boods</li> <li>b Each committee of</li> <li>9 Is there any office organization's material states or schedule organization's b Were officers, direction Schedule O horganization's b Other officers or la the organization's b If "Yes," did the organization's b</li></ul>  | nization have members or stockholders?  | 6         | ~       |      |
| <ul> <li>b Are any governan persons other that a Did the organization a The governing boils that are any office organization's mathematical section B. Policies</li> <li>10a Did the organization's mathematical bills that the organization's mathematical bills are any office organization's mathematical bills and branches to a and branches to a and branches to a and branches to a bescribe on Scheel 12a Did the organization bills are officers, direct c Did the organization's difference of the organization's bills and the organization's bills are officers or bills and the organization's bills are officers or bills and the organization's bills are officers or bills and the organization's bills and the organization's bills are officers or bills and the organization's bills are officers or bills are officers or bills and the organization's bills are officers or bills are officers ore officers or bi</li></ul> | nization have members, stockholders, or other persons who had the power to elect or appoint one or  |           | x       |      |
| <ul> <li>persons other that</li> <li>B Did the organization</li> <li>a The governing boom</li> <li>b Each committee of</li> <li>9 Is there any office organization's marked section B. Policies</li> <li>10a Did the organization's marked bill "Yes," did the organization's marked bill the organization's marked bill.</li> <li>10a Did the organization's marked bill the organization's marked bill.</li> <li>10a Did the organization's marked bill the organization's marked bill.</li> <li>10a Did the organization's marked bill.</li> <li>10a Did the organization's bill the organization's bill the organization's bill the organization's bill.</li> <li>13 Did the organization's bill t</li></ul> | ers of the governing body?  | 7a        | ~       |      |
| <ul> <li>B Did the organization</li> <li>a The governing bo</li> <li>b Each committee v</li> <li>9 Is there any office organization's material states organization's material between the organization's material between the organization's material between the organization's material between the organization's between t</li></ul> | ernance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                     |           | x       |      |
| <ul> <li>a The governing booms</li> <li>b Each committee with the organization's marked the organization's b lif "Yes," did the organization's b Describe on Schedule O how the organization's b Were officers, direct c Did the organization's b Were officers of the organization's b Other officers or here office</li></ul> | er than the governing body?   | 7b        | ~       |      |
| <ul> <li>b Each committee or organization's matrix organization's defined organization's b lf "Yes," did the organization's b Were officers, direct c Did the organization's b Were officers, direct c Did the organization's b Were officers, direct c Did the organization's b Other officers or Persons, compara a The organization's b Other officers or Persons, compara a taxable entity dur b If "Yes," did the organization's b If a Did the organization's b Other officers or Persons, compara a taxable entity dur b If section C. Disclose a taxable entity dur b If section C. Disclose a taxable entity dur b If a Did the organization's b Other officers or Persons, compara a taxable entity dur b If s</li></ul> | ization contemporaneously document the meetings held or written actions undertaken during the year by the following:                        |           | v       |      |
| <ul> <li>9 Is there any office organization's madection B. Policies</li> <li>10a Did the organization's made the policies</li> <li>10a Did the organization's made the policies</li> <li>10a Did the organization's did the organization's because on Scheel</li> <li>11a Has the organization's because of the organization's because on Scheel</li> <li>12a Did the organization's because of the organization's because of the organization's bound the org</li></ul> | ng body?  | <u>8a</u> | X       |      |
| <ul> <li>organization's mage control B. Policies</li> <li>Did the organization's mage control B. Policies</li> <li>Did the organization b. If "Yes," did the organization b. Describe on Scheel</li> <li>Did the organization b. Were officers, direct on Schedule O hore</li> <li>Did the organization on Schedule O hore</li> <li>Section C. Disclose</li> <li>List the states with Section 6104 requires</li> <li>Own website</li> <li>Describe on Schedule O hore</li> <li>Statements availa</li> </ul>  | ttee with authority to act on behalf of the governing body?   | 8b        | X       |      |
| <ul> <li>IOa Did the organizati</li> <li>b If "Yes," did the organizati</li> <li>b If "Yes," did the organizati</li> <li>b Describe on Schee</li> <li>IIa Has the organizati</li> <li>b Describe on Schee</li> <li>IIa Did the organizati</li> <li>b Were officers, direct</li> <li>c Did the organizati</li> <li>on Schedule O horganizati</li> <li>III Did the organizati</li> <li>III Did the organizati</li> <li>III Did the organizati</li> <li>III Did the organizati</li> <li>III Did the organization's</li> <li>b Other officers or Her officers or H</li></ul> | officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                     |           |         | 77   |
| <ul> <li>Ida Did the organizati</li> <li>If "Yes," did the organizati</li> <li>If a Has the organizati</li> <li>Describe on Schee</li> <li>Did the organizati</li> <li>Were officers, direct</li> <li>Did the organizati</li> <li>Oid the organizati</li> <li>Oid the organizati</li> <li>Did the process for persons, compara</li> <li>The organization?</li> <li>Other officers or H If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>If section C. Discloss</li> <li>Cown websit</li> <li>Section 6104 requered for public inspect</li> <li>Own websit</li> <li>Describe on Scher</li> <li>statements availa</li> </ul>  | 's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9         |         | X    |
| <ul> <li>b If "Yes," did the organization of t</li></ul> | icies (This Section B requests information about policies not required by the Internal Revenue Code.)                                       |           |         |      |
| <ul> <li>b If "Yes," did the organization of t</li></ul> |   |           | Yes     | No   |
| and branches to e<br>Ha Has the organization<br>b Describe on Scher<br>Did the organization<br>b Were officers, direct<br>c Did the organization<br>on Schedule O ho<br>Did the organization<br>Did the organization<br>Did the process for<br>persons, compara<br>a The organization<br>b Other officers or H<br>If "Yes" to line 15<br>Did the organization<br>b Other officers or H<br>If "Yes" to line 15<br>Ha Did the organization<br>b Other officers or H<br>If "Yes" to line 15<br>Ha Did the organization<br>taxable entity dur<br>b If "Yes," did the o<br>in joint venture are<br>exempt status with<br>Section C. Discloss<br>I7 List the states with<br>Section 6104 required<br>for public inspect<br>Own websith<br>Describe on Scher<br>statements availa   | nization have local chapters, branches, or affiliates?  | 10a       |         | X    |
| <ul> <li>Has the organizati</li> <li>b Describe on Sche</li> <li>l2a Did the organizati</li> <li>b Were officers, direct</li> <li>c Did the organizati</li> <li>on Schedule O ho</li> <li>l3 Did the organizati</li> <li>l4 Did the organizati</li> <li>l5 Did the process for persons, compara</li> <li>a The organization's</li> <li>b Other officers or la fi "Yes" to line 15</li> <li>l6a Did the organizati</li> <li>taxable entity dur</li> <li>b If "Yes," did the organizati</li> <li>section C. Disclos</li> <li>l7 List the states with Section 6104 reques for public inspect</li> <li>Section Schedule on Schedul</li></ul> | the organization have written policies and procedures governing the activities of such chapters, affiliates,                                |           |         |      |
| <ul> <li>b Describe on Scheil</li> <li>Did the organizati</li> <li>b Were officers, direct</li> <li>c Did the organizati</li> <li>on Schedule O ho</li> <li>13 Did the organizati</li> <li>14 Did the organizati</li> <li>15 Did the organizati</li> <li>15 Did the process for persons, compara</li> <li>a The organization's</li> <li>b Other officers or Here organization's</li> <li>b If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>b If "Yes," did the organizati</li> <li>cection C. Discloss</li> <li>17 List the states with Section 6104 requires of the public inspect</li> <li>Own website</li> <li>19 Describe on Scheil</li> <li>statements availa</li> </ul>  | es to ensure their operations are consistent with the organization's exempt purposes?   | 10b       |         |      |
| <ul> <li>Did the organizati</li> <li>Were officers, direct</li> <li>Did the organizati</li> <li>on Schedule O ho</li> <li>Did the organizati</li> <li>Did the organizati</li> <li>Did the organizati</li> <li>Did the process for<br/>persons, compara</li> <li>The organization's</li> <li>Other officers or H<br/>If "Yes" to line 15</li> <li>Did the organizati</li> <li>taxable entity dur</li> <li>If "Yes," did the or<br/>in joint venture ar<br/>exempt status with</li> <li>Section C. Discloss</li> <li>Section 6104 required<br/>for public inspect</li> <li>Own websiti</li> <li>Describe on Sche<br/>statements availa</li> </ul>  | anization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                            | 11a       |         | X    |
| <ul> <li>b Were officers, direct</li> <li>c Did the organizati</li> <li>on Schedule O ho</li> <li>13 Did the organizati</li> <li>14 Did the organizati</li> <li>15 Did the process for persons, compara</li> <li>a The organization?</li> <li>b Other officers or H If "Yes" to line 15</li> <li>16a Did the organizati</li> <li>taxable entity dur</li> <li>b If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>b If "Yes," did the organizati</li> <li>taxable entity dur</li> <li>b If section C. Discloss</li> <li>17 List the states with Section 6104 required for public inspect</li> <li>in Own website</li> <li>19 Describe on Schers</li> </ul>  | Schedule O the process, if any, used by the organization to review this Form 990.   |           |         |      |
| <ul> <li>c Did the organizati<br/>on Schedule O ho</li> <li>13 Did the organizati</li> <li>14 Did the organizati</li> <li>15 Did the process for<br/>persons, compara</li> <li>a The organization?</li> <li>b Other officers or H<br/>If "Yes" to line 15</li> <li>16a Did the organization<br/>taxable entity dur</li> <li>b If "Yes," did the organization<br/>in joint venture and<br/>exempt status with</li> <li>5ection C. Discloss</li> <li>17 List the states with</li> <li>18 Section 6104 require<br/>for public inspect</li> <li>Own websith</li> <li>19 Describe on Scher<br/>statements availa</li> </ul>   | nization have a written conflict of interest policy? If "No," go to line 13   | 12a       | X       |      |
| <ul> <li>on Schedule O ho</li> <li>Did the organizati</li> <li>Did the organizati</li> <li>Did the process for persons, compara</li> <li>a The organization's</li> <li>b Other officers or how of the organization's</li> <li>b If "Yes," did the organization's did the organization's</li> <li>b If "Yes," did the organization's did the organization's</li> <li>b If "Yes," did the organization's d</li></ul> | directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                        | 12b       | X       |      |
| <ul> <li>I3 Did the organization</li> <li>I4 Did the organization</li> <li>I5 Did the process for persons, comparation</li> <li>I6 Did the organization</li> <li>I6 Other officers or Portune of the organization</li> <li>I6 Did the organization</li> <li>I6 Did the organization</li> <li>I6 Did the organization</li> <li>I6 If "Yes," did the organization of the organiz</li></ul> | nization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                                      |           |         |      |
| <ul> <li>I4 Did the organizati</li> <li>I5 Did the process for persons, compare</li> <li>a The organization's</li> <li>b Other officers or H If "Yes" to line 15</li> <li>I6a Did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If section C. Discloss</li> <li>I7 List the states with Section 6104 required for public inspect</li> <li>I Own website</li> <li>I9 Describe on Scher statements availation</li> </ul>   | O how this was done   | 12c       | X       |      |
| <ul> <li>I5 Did the process for persons, compare a The organization?</li> <li>b Other officers or H If "Yes" to line 15</li> <li>I6a Did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>c Own vebsit</li> <li>is Section 6104 required for public inspect</li> <li>is Own websit</li> <li>ig Describe on Schere statements availa</li> </ul>   | nization have a written whistleblower policy?   | 13        | X       |      |
| <ul> <li>persons, compara</li> <li>a The organization?</li> <li>b Other officers or lif "Yes" to line 15</li> <li>l6a Did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If taxable entity dur</li> <li>b If taxable entity dur</li> <li>c Discribe on Sche statements availa</li> </ul>  | nization have a written document retention and destruction policy?  | 14        | Х       |      |
| <ul> <li>a The organization's</li> <li>b Other officers or I If "Yes" to line 15</li> <li>16a Did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati taxable entity dur</li> <li>c I Ist the states with the states with the states with the organization of 104 requires of the public inspect</li> <li>c Own websit</li> <li>d Describe on Sche statements available</li> </ul>  | ess for determining compensation of the following persons include a review and approval by independent                                      |           |         |      |
| <ul> <li>b Other officers or H<br/>If "Yes" to line 15</li> <li>l6a Did the organizati<br/>taxable entity dur</li> <li>b If "Yes," did the o<br/>in joint venture ar<br/>exempt status with</li> <li>b If status vitation C. Disclos</li> <li>list the states with</li> <li>Section 6104 required<br/>for public inspect</li> <li>Own website</li> <li>Describe on Scher<br/>statements availation</li> </ul>  | nparability data, and contemporaneous substantiation of the deliberation and decision?  |           |         |      |
| If "Yes" to line 15<br>I6a Did the organizati<br>taxable entity dur<br>b If "Yes," did the o<br>in joint venture ar<br><u>exempt status wit</u><br>Section C. Disclos<br>I7 List the states wit<br>I8 Section 6104 requ<br>for public inspect<br>Own websit<br>I9 Describe on Sche<br>statements availa  | ation's CEO, Executive Director, or top management official   | 15a       | X       |      |
| <ul> <li>16a Did the organizati taxable entity dur</li> <li>b If "Yes," did the organizati dir entity dur</li> <li>b If "Yes," did the organizati dir exempt status with status with status with states with states with section C. Disclose</li> <li>17 List the states with Section 6104 requires for public inspect Own website</li> <li>19 Describe on Scher statements availation</li> </ul>  | s or key employees of the organization  | 15b       | Х       |      |
| <ul> <li>taxable entity dur</li> <li>b If "Yes," did the o<br/>in joint venture ar<br/>exempt status wit</li> <li>section C. Disclos</li> <li>List the states wit</li> <li>Section 6104 required<br/>for public inspect</li> <li>Own websit</li> <li>Describe on Scher<br/>statements availa</li> </ul>  | ne 15a or 15b, describe the process on Schedule O. See instructions.  |           |         |      |
| <ul> <li>b If "Yes," did the o<br/>in joint venture ar<br/>exempt status with<br/>Section C. Discloss</li> <li>17 List the states with<br/>18 Section 6104 required<br/>for public inspect</li> <li>19 Describe on Scher<br/>statements availa</li> </ul>  | nization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                   |           |         |      |
| in joint venture an<br>exempt status with<br>ection C. Discloss<br>I7 List the states with<br>I8 Section 6104 required<br>for public inspect<br>Own websith<br>I9 Describe on Scher<br>statements availa   | y during the year?  | 16a       |         | X    |
| exempt status with<br>Section C. Discloss<br>17 List the states with<br>18 Section 6104 required<br>19 for public inspect<br>19 Describe on Scher<br>19 statements availa  | the organization follow a written policy or procedure requiring the organization to evaluate its participation                              |           |         |      |
| <ul> <li>Bection C. Disclos</li> <li>List the states wit</li> <li>Section 6104 required</li> <li>for public inspect</li> <li>Own websit</li> <li>Describe on Scher</li> <li>statements availa</li> </ul>   | ire arrangements under applicable federal tax law, and take steps to safeguard the organization's   |           |         |      |
| <ul> <li>I7 List the states wit</li> <li>I8 Section 6104 required</li> <li>for public inspect</li> <li>Own websit</li> <li>I9 Describe on Scher</li> <li>statements availa</li> </ul>  | us with respect to such arrangements?   | 16b       |         |      |
| <ul> <li>Section 6104 required</li> <li>for public inspect</li> <li>Own websit</li> <li>Describe on Scher</li> <li>statements availa</li> </ul>  |   |           |         |      |
| for public inspect<br>Own websit<br>Describe on Sche<br>statements availa  | es with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$  |           |         |      |
| Own websit<br>Describe on Sche<br>statements availa  | 4 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)                        | s only) a | availab | ole  |
| I9 Describe on Sche<br>statements availa   | spection. Indicate how you made these available. Check all that apply.  |           |         |      |
| statements availa  | vebsite Another's website X Upon request Other <i>(explain on Schedule O)</i>   |           |         |      |
|  | Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                         | d financ  | cial    |      |
| O State the name   | available to the public during the tax year.  |           |         |      |
|  | me, address, and telephone number of the person who possesses the organization's books and records 🕨  |           |         |      |
|  | KAILAR - 315-453-2424   |           |         |      |
| 415 W. FA  | FAYETTE ST, SYRACUSE, NY 13204  |           |         |      |
| 32006 12-09-21   |   | Form      | 990     | (202 |

| THE PUBLIC BROADCASTING COUNCIL OF CNY |
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Form 990 (2021)

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

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

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

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

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

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

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

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

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

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

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

| (A)                       | (B)                                 |                                 |  | (0      | C)           |                                 |        | (D)             | (E)             | (F)                                  |
|---------------------------|-------------------------------------|---------------------------------|--|---------|--------------|---------------------------------|--------|-----------------|-----------------|--------------------------------------|
| Name and title            | Average (do not check more than one |                                 |  |         |              |                                 |        | Reportable      | Reportable      | Estimated                            |
|                           | hours per                           |                                 | (do not check more<br>box, unless persor |         |              |                                 |        | compensation    | compensation    | amount of                            |
|                           | week                                | officer and a director/trustee) |  |         |              |                                 | from   | from related    | other           |                                      |
|                           | (list any                           | ector                           |  |         |              |                                 |        | the             | organizations   | compensation                         |
|                           | hours for                           | or dire                         |  |         |              | ted                             |        | organization    | (W-2/1099-MISC/ | from the                             |
|                           | related                             | stee c                          | ruste                                    |         | æ            | pensa                           |        | (W-2/1099-MISC/ | 1099-NEC)       | organization                         |
|                           | organizations                       | al tru                          | onal t                                   |         | ploye        | e com                           |        | 1099-NEC)       |                 | and related                          |
|                           | below<br>line)                      | Individual trustee or director  | Institutional trustee                    | Officer | Key employee | Highest compensated<br>employee | Former |                 |                 | organizations                        |
| (1) MITCH GELMAN          | 40.00                               |                                 | _  |         |              | <u> </u>                        |        |                 |                 |                                      |
| PRESIDENT & CEO, WCNY     | 2.00                                | 1                               |  | х       |              |                                 |        | 367,462.        | 0.              | 7,200.                               |
| (2) SHADI SABRA           | 0.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| PRESIDENT & CEO, JMCO     | 40.00                               |                                 |  | Х       |              |                                 |        | 0.              | 36,007.         | 0.                                   |
| (3) JEFFREY SCHEER        | 2.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 1.00                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (4) VIJAY SRINIVAS        | 2.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD CHAIRMAN            | 1.00                                | Х                               |  | Х       |              |                                 |        | 0.              | 0.              | 0.                                   |
| (5) THOMAS SCHNEIDER      | 2.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 1.00                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (6) EVELYN INGRAM         | 2.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| SECRETARY                 | 1.00                                | Х                               |  | Х       |              |                                 |        | 0.              | 0.              | 0.                                   |
| (7) SHIU-KAI CHIN         | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (8) CRYSTAL DESTEFANO     | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (9) ROBERT A. DRACKER     | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (10) HANKA GRABOVICA      | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (11) MICHAEL HUMPHREY     | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD VICE CHAIRMAN       | 0.50                                | Х                               |  | Х       |              |                                 |        | 0.              | 0.              | 0.                                   |
| (12) JODY FRANCIS MANNING | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (13) MARC NICHOLS         | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (14) DERYN POMEROY        | 1.00                                |                                 |  |         |              |                                 |        |                 |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (15) SHANELLE BENSON REID | 1.00                                |                                 |  |         |              |                                 |        |                 | -               |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (16) FRANCISCO SUAREZ     | 1.00                                |                                 |  |         |              |                                 |        | _               |                 |                                      |
| BOARD MEMBER              | 0.50                                | Х                               |  |         |              |                                 |        | 0.              | 0.              | 0.                                   |
| (17) RONALD TEPLITSKY     | 1.00                                |                                 |  |         |              |                                 |        | _               |                 |                                      |
| TREASURER                 | 0.50                                | Х                               |  | Х       |              |                                 |        | 0.              | 0.              | <b>0</b> .<br>Form <b>990</b> (2021) |

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Form **990** (2021)

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INC.

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| Form 990 (2021) INC .   |                 |                                |                       |          |              |                                 |        |                            | 16-08                           | 762           | 77              | Р            | age <b>8</b> |  |
|---|-----------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|----------------------------|---------------------------------|---------------|-----------------|--------------|--------------|--|
| Part VII Section A. Officers, Directors, Trus                 | tees, Key Emp   | oloye                          | ees,                  | and      | l Hig        | ghes                            | t C    | ompensated Employee        | s (continued)                   |               |                 |              |              |  |
| (A)   | (B)             |                                |                       | (C       |              |                                 |        | (D)                        | (E)                             |               |                 | (F)          |              |  |
| Name and title  | Average         |                                | F                     | Posi     |              | 1                               |        | Reportable                 | Reportable                      |               | Ect             | timate       | od           |  |
| Name and the  | hours per       |                                |                       |          |              | than o<br>s both                |        | compensation               | compensation                    |               |                 |              |              |  |
|   | week            |                                |                       |          |              | s boin<br>r/trust               |        | ·                          | from related                    | '             | amount of other |              |              |  |
|   | (list any       | or                             |                       |          |              |                                 |        | - from<br>the              |                                 |               |                 |              |              |  |
|   | hours for       | irect                          |                       |          |              |                                 |        |                            | organizations<br>(W-2/1099-MIS) |               | comp            | om th        |              |  |
|   | related         | e or d                         | ee                    |          |              | sated                           |        | organization               |                                 | 5/            |                 |              |              |  |
|   | organizations   | ustee                          | trust                 |          | e            | bens                            |        | (W-2/1099-MISC/            | 1099-NEC)                       |               | 0               | anizat       |              |  |
|   | below           | ıal tr                         | onal                  |          | ploye        | ee                              |        | 1099-NEC)                  |                                 |               |                 | l relat      |              |  |
|   | line)           | Individual trustee or director | Institutional trustee | Officer  | ƙey employee | Highest compensated<br>employee | Former |                            |                                 |               | orga            | nizati       | ions         |  |
|   | ,               | Ē                              | Ë                     | 4        | Ke           | Ξē                              | ß      |                            |                                 | -+            |                 |              |              |  |
| (18) COLLEEN VIGGIANO   | 1.00            | 77                             |                       |          |              |                                 |        | 0                          |                                 |               |                 |              | 0            |  |
| BOARD MEMBER  | 0.50            | Х                              |                       |          |              |                                 |        | 0.                         |                                 | 0.            |                 |              | 0.           |  |
| (19) DIANE GAYESKI  | 1.00            |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              | -            |  |
| BOARD MEMBER  | 0.50            | Х                              |                       |          |              |                                 |        | 0.                         |                                 | 0.            |                 |              | 0.           |  |
| (20) PETER G. KING  | 1.00            |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
| BOARD MEMBER  | 0.50            | Х                              |                       |          |              |                                 |        | 0.                         |                                 | 0.            |                 |              | Ο.           |  |
| (21) ANTHONY FARELLA  | 1.00            |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
| BOARD MEMBER  | 0.50            | х                              |                       |          |              |                                 |        | 0.                         |                                 | 0.            |                 |              | Ο.           |  |
| (22) MARIA MURRAY   | 1.00            |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
| BOARD MEMBER  | 0.50            | х                              |                       |          |              |                                 |        | 0.                         |                                 | 0.            |                 |              | 0.           |  |
|   | 0.50            | Δ                              |                       |          |              |                                 |        | 0.                         |                                 | <u>••</u>     |                 |              | 0.           |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 | $\rightarrow$ |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 | $\rightarrow$ |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 | $\rightarrow$ |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
| 1b Subtotal   |                 |                                |                       |          |              |                                 |        | 367,462.                   | 36,00                           | 7.            | 7               | 7,2          | 00.          |  |
| c Total from continuation sheets to Part VI                   |                 |                                |                       |          |              |                                 |        | 0.                         |                                 | 0.            |                 |              | 0.           |  |
| d Total (add lines 1b and 1c)                                 |                 |                                |                       |          |              |                                 |        | 367,462.                   | 36,00                           | 7.            | 7,200.          |              |              |  |
| 2 Total number of individuals (including but n                |                 |                                |                       |          |              |                                 |        | · · ·                      |                                 |               |                 | <u> </u>     |              |  |
|   |                 | 030                            | IISLEC                | u au     | 000          | <i>y vvii</i>                   | 010    |                            |                                 |               |                 |              | 1            |  |
| compensation from the organization                            |                 |                                |                       |          |              |                                 |        |                            |                                 |               | <u> </u>        | Yes          | No           |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 | П             |                 | 162          |              |  |
| <b>3</b> Did the organization list any <b>former</b> officer, | -               |                                | -                     | •        |              |                                 |        |                            | •                               |               |                 |              |              |  |
| line 1a? If "Yes," complete Schedule J for s                  |                 |                                |                       |          |              |                                 |        |                            |                                 | ···  -        | 3               |              | X            |  |
| 4 For any individual listed on line 1a, is the su             | im of reportabl | e co                           | mpe                   | nsat     | tion         | and                             | oth    | ner compensation from the  | ne organization                 |               |                 |              |              |  |
| and related organizations greater than \$150                  | 0,000? If "Yes, | " со                           | mple                  | te S     | Sche         | dule                            | Jf     | for such individual        |                                 | L             | 4               | X            |              |  |
| 5 Did any person listed on line 1a receive or a               | accrue compen   | satio                          | on fro                | om a     | any          | unre                            | late   | ed organization or individ | lual for services               |               |                 |              |              |  |
| rendered to the organization? If "Yes," con                   | plete Schedule  | e J fo                         | or su                 | ch r     | bers         | on .                            |        |                            |                                 |               | 5               |              | X            |  |
| Section B. Independent Contractors                            |                 |                                |                       | ·        |              |                                 |        |                            |                                 |               |                 |              |              |  |
| 1 Complete this table for your five highest co                | mpensated ind   | lepe                           | nden                  | nt co    | ontra        | actor                           | s th   | nat received more than \$  | 100.000 of comp                 | ensati        | on fro          | m            |              |  |
| the organization. Report compensation for                     | -               | -                              |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
| (A)   |                 |                                |                       | <u>g</u> |              |                                 |        | (B)                        |                                 |               | (C              | )            |              |  |
| Name and business   | address         | NC                             | ONE                   |          |              |                                 |        | Description of s           | ervices                         | Cc            | mpen            |              | n            |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 | _      |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 |               |                 |              |              |  |
| 2 Total number of independent contractors (i                  | ncluding but no | ot lin                         | nited                 | to t     | thos         | se list                         | ted    | above) who received mo     | ore than                        |               |                 |              |              |  |
| \$100,000 of compensation from the organi                     | zation          |                                |                       |          | 0            | )                               |        |                            |                                 |               |                 |              |              |  |
|   |                 |                                |                       |          |              |                                 |        |                            |                                 | F             | orm 🤆           | <b>990</b> ( | (2021)       |  |

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|   |      |      | 2021) INC.   |                         |                      |                   | 16-0876          | 277 Page <b>9</b>                 |
|---|------|------|--|-------------------------|----------------------|-------------------|------------------|-----------------------------------|
| Pa  | rt V | /111 | Statement of Revenue   |                         |                      |                   |                  |                                   |
|   |      |      | Check if Schedule O contains a response of                               | or note to any lin      |                      | (B)               | (C)              |                                   |
|   |      |      |  |                         | (A)<br>Total revenue | Related or exempt | Unrelated        | Revenue excluded                  |
|   |      |      |  |                         |                      | function revenue  | business revenue | from tax under sections 512 - 514 |
| (0, (0  | 4    | _    | Federated campaions 1a   |                         |                      |                   |                  | 360110113 312 - 314               |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1    |      | · · · · · · · · · · · · · · · · · · ·                                    | 353,781.                |                      |                   |                  |                                   |
| DOL<br>DC   |      |      | Membership dues     1b     2,       Fundraising events     1c            | 48,571.                 |                      |                   |                  |                                   |
| fts,<br>r Ai  |      |      | Related organizations  | 10,371.                 |                      |                   |                  |                                   |
| , Gi<br>nila  |      |      |  | 750,251.                |                      |                   |                  |                                   |
| ons<br>Sir  |      |      | All other contributions, gifts, grants, and                              | ,                       |                      |                   |                  |                                   |
| her   |      | •    |  | 645,413.                |                      |                   |                  |                                   |
| ot  |      | a    | Noncash contributions included in lines 1a-1f                            |                         |                      |                   |                  |                                   |
| Cor   |      | -    | Total. Add lines 1a-1f   |                         | 5,798,016.           |                   |                  |                                   |
| <u> </u>  |      |      |  | Business Code           |                      |                   |                  |                                   |
| e   | 2    | а    |  |                         |                      |                   |                  |                                   |
| Program Service<br>Revenue                                |      | b    |  |                         |                      |                   |                  |                                   |
| Sei   |      | с    |  |                         |                      |                   |                  |                                   |
| am<br>eve   |      | d    |  |                         |                      |                   |                  |                                   |
| ogr<br>B  |      | е    |  |                         |                      |                   |                  |                                   |
| P   |      | f    | All other program service revenue  |                         |                      |                   |                  |                                   |
|   |      | g    | Total. Add lines 2a-2f   | ►                       |                      |                   |                  |                                   |
|   | 3    |      | Investment income (including dividends, interest                         | st, and                 |                      |                   |                  |                                   |
|   |      |      | other similar amounts)   |                         | 7,605.               |                   |                  | 7,605.                            |
|   | 4    |      | Income from investment of tax-exempt bond pr                             | -                       |                      |                   |                  |                                   |
|   | 5    |      | Royalties  |                         |                      |                   |                  |                                   |
|   | -    |      | (i) Real   | (ii) Personal           |                      |                   |                  |                                   |
|   | 6    |      | Gross rents 6a 333, 428.   |                         |                      |                   |                  |                                   |
|   |      |      | Less: rental expenses6b 91,015.  |                         |                      |                   |                  |                                   |
|   |      |      | Rental income or (loss) 6c 242,413.                                      |                         | 242,413.             | 190,233.          | 52,180.          |                                   |
|   | -    |      | Net rental income or (loss)<br>Gross amount from sales of (i) Securities | (ii) Other              | 242,413.             | 190,233.          | 52,100.          |                                   |
|   | '    | а    |  |                         |                      |                   |                  |                                   |
|   |      | h    | assets other than inventory 7a<br>Less: cost or other basis              |                         |                      |                   |                  |                                   |
| e   |      | D    | and sales expenses <b>7b</b>   |                         |                      |                   |                  |                                   |
| evenue  |      | c    | Gain or (loss)   |                         |                      |                   |                  |                                   |
| Rev   |      |      | Net gain or (loss)   |                         |                      |                   |                  |                                   |
| er F  | 8    |      | Gross income from fundraising events (not                                |                         |                      |                   |                  |                                   |
| Other   |      |      | including \$ 48,571. of  |                         |                      |                   |                  |                                   |
| -   |      |      | contributions reported on line 1c). See                                  |                         |                      |                   |                  |                                   |
|   |      |      | Part IV, line 18 8a  | 177,273.                |                      |                   |                  |                                   |
|   |      | b    | Less: direct expenses 8b   | 177,273.                |                      |                   |                  |                                   |
|   |      | с    | Net income or (loss) from fundraising events                             | 🕨                       | 0.                   |                   |                  |                                   |
|   | 9    |      | Gross income from gaming activities. See                                 |                         |                      |                   |                  |                                   |
|   |      |      | Part IV, line 19 9a  |                         |                      |                   |                  |                                   |
|   |      |      | Less: direct expenses9b  |                         |                      |                   |                  |                                   |
|   |      |      | Net income or (loss) from gaming activities                              | <b>&gt;</b>             |                      |                   |                  |                                   |
|   | 10   | а    | Gross sales of inventory, less returns                                   |                         |                      |                   |                  |                                   |
|   |      |      | and allowances 10a   |                         |                      |                   |                  |                                   |
|   |      |      | Less: cost of goods sold10b  |                         |                      |                   |                  |                                   |
|   |      | С    | Net income or (loss) from sales of inventory                             |                         |                      |                   |                  |                                   |
| sn  |      | ~    | MISCELLANEOUS  | Business Code<br>541900 | 259,785.             | 259,785.          |                  |                                   |
| Miscellaneous<br>Revenue                                  | 11   |      | PREVIEW INCOME   | 541800                  | 131,309.             | <u> </u>          | 131,309.         |                                   |
| ellar<br>ven  |      |      | OTHER NON-OPERATING RE   | 541900                  | 86,604.              | 86,604.           | <u> </u>         | <u> </u>                          |
| Be  |      |      | All other revenue  | 541900                  | 25,349.              | 14,024.           | 11,325.          |                                   |
| ž   |      |      | Total. Add lines 11a-11d   |                         | 503,047.             |                   | ,525.            |                                   |
|   | 12   |      | Total revenue. See instructions  |                         | 6,551,081.           | 550,646.          | 194,814.         | 7,605.                            |
| 13200   |      |      |  |                         | •                    |                   |                  | Form <b>990</b> (2021)            |

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Form 990 (2021) Part IX Statement of Functional Expenses

INC.

| Do               | Check if Schedule O contains a respons   | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and                   | (D)<br>Fundraising |
|------------------|--|-----------------------|------------------------|---|--------------------|
| 7b,              | 8b, 9b, and 10b of Part VIII.  | rotai expenses        | expenses               | general expenses                        | expenses           |
| 1                | Grants and other assistance to domestic organizations  |                       |                        |   |                    |
|                  | and domestic governments. See Part IV, line 21   |                       |                        |   |                    |
| 2                | Grants and other assistance to domestic  |                       |                        |   |                    |
|                  | individuals. See Part IV, line 22  |                       |                        |   |                    |
| 3                | Grants and other assistance to foreign   |                       |                        |   |                    |
|                  | organizations, foreign governments, and foreign  |                       |                        |   |                    |
|                  | individuals. See Part IV, lines 15 and 16  |                       |                        |   |                    |
| 4                | Benefits paid to or for members  |                       |                        |   |                    |
| 5                | Compensation of current officers, directors,   | 374,662.              | 371 662                |   |                    |
| ~                | trustees, and key employees  | 5/4,002.              | 374,662.               |   |                    |
| 6                | Compensation not included above to disqualified  |                       |                        |   |                    |
|                  | persons (as defined under section $4958(f)(1)$ ) and   |                       |                        |   |                    |
| 7                | persons described in section 4958(c)(3)(B)   | 1,876,478.            | 1,276,074.             | 412,939.                                | 187,465            |
| 7<br>8           | Other salaries and wages   | ±,0/0,±/0•            | 1,2/0,0/4.             | ======================================= | 107,403            |
| 8                | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                        |   |                    |
| 9                |  | 369,782.              | 240,166.               | 95,737.                                 | 33 879             |
| 9<br>10          | Other employee benefits<br>Payroll taxes   | 172,506.              | 125,199.               | 34,816.                                 | 33,879.<br>12,491. |
| 11               | Fees for services (nonemployees):  | 1/2,500.              | 123,199.               | 54,010.                                 | 10,4910            |
| ''<br>a          | Management   |                       |                        |   |                    |
| b                |  |                       |                        |   |                    |
| c                | •  |                       |                        |   |                    |
| d                |  |                       |                        |   |                    |
| e                |  |                       |                        |   |                    |
| f                | Investment management fees   |                       |                        |   |                    |
| g                |  |                       |                        |   |                    |
| 3                | column (A), amount, list line 11g expenses on Sch O.)  | 673,966.              | 164,683.               | 63,593.                                 | 445,690            |
| 12               | Advertising and promotion  | 164,321.              | 155,441.               | 1,257.                                  | 7,623              |
| 13               | Office expenses  | 45,750.               | 44,878.                | 817.                                    | 55.                |
| 14               | Information technology   |                       |                        |   |                    |
| 15               | Royalties  |                       |                        |   |                    |
| 16               | Occupancy  |                       |                        |   |                    |
| 17               | Travel   |                       |                        |   |                    |
| 18               | Payments of travel or entertainment expenses   |                       |                        |   |                    |
|                  | for any federal, state, or local public officials  |                       |                        |   |                    |
| 19               | Conferences, conventions, and meetings   |                       |                        |   |                    |
| 20               | Interest   | 123,231.              | 122,091.               | 1,140.                                  |                    |
| 21               | Payments to affiliates   |                       |                        |   |                    |
| 22               | Depreciation, depletion, and amortization  | 794,671.              | 715,204.               | 79,467.                                 |                    |
| 23               | Insurance  |                       |                        |   |                    |
| 24               | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                       |                        |   |                    |
|                  | amount, list line 24e expenses on Schedule 0.)<br><b>PUBLIC BROADCASTING DUE</b>   | 1,002,528.            | 1,002,528.             | 0.                                      | 0.                 |
| a<br>h           | JOINT MASTER CONTROL   | 514,925.              | 312,691.               | 202,234.                                | 0.                 |
| b                | REPAIRS & MAINTENANCE  | 239,751.              | 201,628.               | 38,123.                                 | 0.                 |
| c<br>d           | UTILITIES  | 193,344.              | 180,967.               | 12,377.                                 | 0.                 |
|                  | All other expenses SEE SCH O   | 830,602.              | 741,109.               | 80,583.                                 | 8,910              |
| е<br>25          | Total functional expenses. Add lines 1 through 24e   | 7,376,517.            | 5,657,321.             | 1,023,083.                              | 696,113            |
| 2 <u>5</u><br>26 | Joint costs. Complete this line only if the organization   | .,                    | 5,057,521.             |   |                    |
|                  | reported in column (B) joint costs from a combined   |                       |                        |   |                    |
|                  | educational campaign and fundraising solicitation.   |                       |                        |   |                    |
|                  | Check here if following SOP 98-2 (ASC 958-720)   |                       |                        |   |                    |

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Form 990 (2021)

INC.

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| Pa                          | rt X | Balance Sheet   |                     |            |                                 |            |                           |
|-----------------------------|------|---|---------------------|------------|---------------------------------|------------|---------------------------|
|                             |      | Check if Schedule O contains a response or note to                        | any line in this P  | art X      |                                 |            |                           |
|                             |      |   |                     |            | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing   |                     |            | 2,519,580.                      | 1          | 1,492,751.                |
|                             | 2    | Savings and temporary cash investments                                    |                     |            |                                 | 2          |                           |
|                             | 3    | Pledges and grants receivable, net  | 6,000.              | 3          | 6,000.                          |            |                           |
|                             | 4    | Accounts receivable, net  |                     |            | 403,660.                        | 4          | 283,587.                  |
|                             | 5    | Loans and other receivables from any current or form                      | ner officer, direct | or,        |                                 |            |                           |
|                             |      | trustee, key employee, creator or founder, substantia                     | al contributor, or  | 35%        |                                 |            |                           |
|                             |      | controlled entity or family member of any of these pe                     | ersons              | L          |                                 | 5          |                           |
|                             | 6    | Loans and other receivables from other disqualified                       | persons (as defin   | led        |                                 |            |                           |
| ts                          |      | under section 4958(f)(1)), and persons described in s                     | ection 4958(c)(3)   | )(B)       |                                 | 6          |                           |
|                             | 7    | Notes and loans receivable, net   |                     | L          |                                 | 7          |                           |
| Assets                      | 8    | Inventories for sale or use   |                     |            |                                 | 8          |                           |
| Â                           | 9    | Prepaid expenses and deferred charges                                     | L                   | 266,999.   | 9                               | 134,095.   |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other                             |                     |            |                                 |            |                           |
|                             |      | basis. Complete Part VI of Schedule D 10                                  | a 28,55             | 2,077.     |                                 |            |                           |
|                             | b    | Less: accumulated depreciation 10   |                     |            | 14,440,675.                     | 10c        | 14,103,691.               |
|                             | 11   | Investments - publicly traded securities                                  |                     |            |                                 | 11         |                           |
|                             | 12   | Investments - other securities. See Part IV, line 11                      | Г                   |            | 12                              |            |                           |
|                             | 13   | Investments - program-related. See Part IV, line 11                       | F                   |            | 13                              |            |                           |
|                             | 14   | Intangible assets   |                     | 1 400 554  | 14                              | 1 455 055  |                           |
|                             | 15   | Other assets. See Part IV, line 11  |                     |            | 1,480,574.                      | 15         | 1,457,855.                |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal lin                      |                     |            | 19,117,488.                     | 16         | 17,477,979.               |
|                             | 17   | Accounts payable and accrued expenses                                     | 1,089,423.          | 17         | 609,808.                        |            |                           |
|                             | 18   | Grants payable  |                     | 250 622    | 18                              | 266 757    |                           |
|                             | 19   | Deferred revenue  |                     |            | 259,622.                        | 19         | 266,757.                  |
|                             | 20   | Tax-exempt bond liabilities   |                     |            |                                 | 20         |                           |
|                             | 21   | Escrow or custodial account liability. Complete Part                      |                     | '          |                                 | 21         |                           |
| ies                         | 22   | Loans and other payables to any current or former o                       |                     | 050/       |                                 |            |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, substantia                     |                     |            |                                 |            |                           |
| Liat                        | 00   | controlled entity or family member of any of these pe                     | ·····               | 2,242,908. | 22                              | 2,148,568. |                           |
| _                           | 23   | Secured mortgages and notes payable to unrelated                          |                     | ·····      | 2,242,900.                      | 23         | 2,140,300.                |
|                             | 24   | Unsecured notes and loans payable to unrelated thin                       |                     |            |                                 | 24         |                           |
|                             | 25   | Other liabilities (including federal income tax, payabl                   |                     |            |                                 |            |                           |
|                             |      | parties, and other liabilities not included on lines 17-<br>of Schedule D |                     |            | 649,286.                        | 25         | 322,890.                  |
|                             | 26   | of Schedule D Total liabilities. Add lines 17 through 25                  |                     | ·····      | 4,241,239.                      | 25         | 3,348,023.                |
|                             | 20   | Organizations that follow FASB ASC 958, check h                           | ere 🕨 🔀             |            | 1/211/2001                      | 20         | 5751070250                |
| es                          |      | and complete lines 27, 28, 32, and 33.                                    |                     |            |                                 |            |                           |
| ů.                          | 27   |   |                     |            | 14,781,796.                     | 27         | 14,087,290.               |
| 3ala                        | 28   | Net assets with donor restrictions  |                     | F          | 94,453.                         | 28         | 42,666.                   |
| ΒP                          |      | Organizations that do not follow FASB ASC 958, o                          |                     |            | /                               |            |                           |
| Fur                         |      | and complete lines 29 through 33.   |                     |            |                                 |            |                           |
| Net Assets or Fund Balances | 29   | Capital stock or trust principal, or current funds                        |                     |            |                                 | 29         |                           |
| iets                        | 30   | Paid-in or capital surplus, or land, building, or equipr                  |                     |            |                                 | 30         |                           |
| Ass                         | 31   | Retained earnings, endowment, accumulated incom                           |                     | Г          |                                 | 31         |                           |
| let ,                       | 32   | Total net assets or fund balances   |                     |            | 14,876,249.                     | 32         | 14,129,956.               |
| 2                           | 33   | Total liabilities and net assets/fund balances                            |                     | I          | 19,117,488.                     | 33         | 17,477,979.               |
|                             | -    |   |                     |            | · · ·                           |            | Form <b>990</b> (2021)    |

132011 12-09-21

14440515 781828 TPBC

| THE | PUBLIC | BROADCASTING | COUNCIL | OF | CNY |
|-----|--------|--------------|---------|----|-----|
|-----|--------|--------------|---------|----|-----|

| Form | n 990 (2021) INC.   | 16-0      | 876277 | Pag             | e <b>12</b> |
|------|---|-----------|--------|-----------------|-------------|
| Pa   | rt XI Reconciliation of Net Assets  |           |        |                 |             |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |        | [               | X           |
|      |   |           |        |                 |             |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 6,551  |                 |             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 7,376  |                 |             |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | -825   |                 |             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                           | 4         | 14,876 | 5,24            | <u>19.</u>  |
| 5    | Net unrealized gains (losses) on investments  | 5         | 8      | <u>3,68</u>     | 31.         |
| 6    | Donated services and use of facilities  | 6         |        |                 |             |
| 7    | Investment expenses   | 7         |        |                 |             |
| 8    | Prior period adjustments  | 8         |        |                 |             |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9         | 70     | ),46            | 52.         |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                  |           |        |                 |             |
|      | column (B))   | 10        | 14,129 | <del>9,95</del> | 6.          |
| Pa   | rt XII Financial Statements and Reporting   |           |        |                 |             |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           |        |                 | X           |
|      |   |           |        | Yes             | No          |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           | _      |                 |             |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule      | Ο.        |        |                 |             |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |           | 2a     |                 | X           |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a      |        |                 |             |
|      | separate basis, consolidated basis, or both:  |           |        |                 |             |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |        |                 |             |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |           | 2b     | X               |             |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | e basis,  |        |                 |             |
|      | consolidated basis, or both:  |           |        |                 |             |
|      | Separate basis X Consolidated basis Both consolidated and separate basis  |           |        |                 |             |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audit,  |        |                 |             |
|      | review, or compilation of its financial statements and selection of an independent accountant?                      |           | 2c     | X               |             |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch   | edule O.  |        |                 |             |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit |        |                 |             |
|      | Act and OMB Circular A-133?   |           | 3a     |                 | X           |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red audit |        |                 |             |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                            |           | 3b     |                 |             |

Form **990** (2021)

132012 12-09-21

| SCHEDULE A<br>(Form 990)       Public Charity Status and Public Support         Department of the Treasury<br>Internal Revenue Service       Complete if the organization is a section 501(c)(3) organization or a section<br>4947(a)(1) nonexempt charitable trust.<br>Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for instructions and the latest information. |   |   |  |   |                            | OMB No. 1545-0047               |                |   |
|---|---|---|--|---|----------------------------|---------------------------------|----------------|---|
| Name of the o   |   | THE PUBLIC BROA   | ADCASTING COU  | JNCIL   | OF CN                      | IΥ,                             |                | identification number                           |
| Part I R  |   | INC .<br>Iblic Charity Status. (  | All organizations must a   | omploto th  | nic part \ S               | oo instructior                  |                | 6-0876277                                       |
|   |   |   |  |   |                            |                                 | 15.            |   |
| 1 A ct<br>2 A so<br>3 A ho<br>4 A m   | nurch, convention<br>chool described i<br>ospital or a coop | e foundation because it is: (F<br>n of churches, or association<br>n <b>section 170(b)(1)(A)(ii).</b> (/<br>erative hospital service orga<br>organization operated in cor | n of churches described<br>Attach Schedule E (Form<br>nization described in se | in <b>sectio</b><br>1 990).)<br><b>ection 170</b> | n 170(b)(1<br>(b)(1)(A)(ii | i).                             | .)(iii). Enter | the hospital's name,                            |
|   |   | rated for the benefit of a coll   | lege or university owned   | or operat   | ed by a go                 | vernmental u                    | nit describe   | ed in   |
|   |   | <b>)(iv).</b> (Complete Part II.)<br>ocal government or governm   | ontal unit described in  | nantion 17  | 70/h)/4)/A)                | 6.0                             |                |   |
|   |   | normally receives a substar   |  |   |                            | .,                              | ne deneral r   | oublic described in                             |
|   |   | (vi). (Complete Part II.)   |  | on a gore   |                            |                                 | ie general j   |   |
|   |   | escribed in section 170(b)(   | 1)(A)(vi). (Complete Part  | : II.)  |                            |                                 |                |   |
| 9 🗌 An a  | agricultural resea  | rch organization described i  | in section 170(b)(1)(A)(i  | x) operate  | ed in conju                | inction with a                  | land-grant     | college   |
| or u  | niversity or a nor  | n-land-grant college of agricu  | ulture (see instructions).   | Enter the I                                       | name, city                 | , and state of                  | the college    | e or  |
|   | ersity:   |   |  |   |                            |                                 |                |   |
|   | •   | normally receives (1) more t  |  |   |                            | •                               | •              | •   |
|   |   | s exempt functions, subject<br>d business taxable income (  |  |   |                            |                                 |                |   |
|   |   | 2). (Complete Part III.)  |  |   | ses acqui                  |                                 | yan iization a |   |
|   |   | inized and operated exclusiv  | velv to test for public saf  | etv. See  | section 50                 | )9(a)(4).                       |                |   |
|   |   | inized and operated exclusiv  |  |   |                            |                                 | rry out the    | purposes of one or                              |
|   |   | rted organizations described  |  |   |                            |                                 |                |   |
|   |   | d that describes the type of  |  |   |                            |                                 |                |   |
| a 🗌 T <u>y</u>  | <b>/pe I.</b> A supportir                                   | ng organization operated, su  | upervised, or controlled l   | by its supp                                       | orted org                  | anization(s), t                 | ypically by    | giving  |
| th  | e supported orga  | anization(s) the power to reg   | gularly appoint or elect a   | majority o  | f the direc                | tors or truste                  | es of the su   | upporting                                       |
| 01  | ganization. <b>You</b>                                      | must complete Part IV, Se   | ctions A and B.  |   |                            |                                 |                |   |
| b 🛄 Ty  | /pe II. A support   | ing organization supervised   | or controlled in connect   | ion with its                                      | s supporte                 | ed organizatio                  | n(s), by hav   | ving  |
|   | •   | ment of the supporting orga   |  | ame perso   | ns that co                 | ntrol or mana                   | ge the supp    | ported  |
|   | 0 ()  | ou must complete Part IV, S   |  |   |                            |                                 |                |   |
|   | •   | Ily integrated. A supporting  |  |   |                            |                                 | lly integrate  | ed with,  |
|   | •••••   | nization(s) (see instructions)<br>tionally integrated. A supp   | •  |   |                            | -                               | rtad argani-   | ration(a)                                       |
|   | •   | ally integrated. The organization   | 0 0 1  |   |                            |                                 | 0              | ()  |
|   |   | nstructions). You must con  | 8 ,  |   |                            | •                               |                |   |
|   |   | he organization received a v  | . ,  |   |                            |                                 | II, Type III   |   |
| fu  | nctionally integra  | ated, or Type III non-functior  | ally integrated supportir  | ng organiz  | ation.                     |                                 |                |   |
| f Enter the   | number of supp  | orted organizations   |  |   |                            |                                 |                |   |
|   |   | rmation about the supported   |  | (iv) is the orac                                  | inization listed           |                                 |                |   |
|   | ne of supported rganization                                 | (ii) EIN  | (iii) Type of organization (described on lines 1-10                            | in your governi                                   | ng document?               | (v) Amount o<br>support (see ii |                | (vi) Amount of other support (see instructions) |
|   | ganzation   |   | above (see instructions))  | Yes   | No                         |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
|   |   |   |  | L   |                            |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
|   |   |   |  |   |                            |                                 |                |   |
| Total   |   |   |  |   |                            |                                 |                |   |

Schedule A (Form 990) 2021

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|         | A (Form 990) 202 |                             |                      |                      | 16-0876          |
|---------|------------------|-----------------------------|----------------------|----------------------|------------------|
| Part II | Support So       | hedule for Organizations De | escribed in Sections | 170(b)(1)(A)(iv) and | 170(b)(1)(A)(vi) |

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

| Sec    | ction A. Public Support  |                       |                       |                        |                     |                   |                 |
|--------|--|-----------------------|-----------------------|------------------------|---------------------|-------------------|-----------------|
| Cale   | ndar year (or fiscal year beginning in) 🕨                                    | (a) 2017              | <b>(b)</b> 2018       | <b>(c)</b> 2019        | (d) 2020            | (e) 2021          | (f) Total       |
| 1      | Gifts, grants, contributions, and  |                       |                       |                        |                     |                   |                 |
|        | membership fees received. (Do not  |                       |                       |                        |                     |                   |                 |
|        | include any "unusual grants.")   | 5699195.              | 5353987.              | 5983282.               | 6007960.            | 5798016.          | 28842440.       |
| 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  | <b>FC0010F</b>        | F2F2007               | 5002000                | 6007060             | <b>F70001</b>     | 20042440        |
|        | Total. Add lines 1 through 3   | 5699195.              | 5353987.              | 5983282.               | 6007960.            | 5/98010.          | 28842440.       |
| 5      | The portion of total contributions   |                       |                       |                        |                     |                   |                 |
|        | by each person (other than a   |                       |                       |                        |                     |                   |                 |
|        | governmental unit or publicly  |                       |                       |                        |                     |                   |                 |
|        | supported organization) included on line 1 that exceeds 2% of the            |                       |                       |                        |                     |                   |                 |
|        | amount shown on line 11,   |                       |                       |                        |                     |                   |                 |
|        | column (f)   |                       |                       |                        |                     |                   |                 |
| 6      | Public support. Subtract line 5 from line 4.                                 |                       |                       |                        |                     |                   | 28842440.       |
|        | ction B. Total Support   |                       |                       |                        |                     |                   | 20012110.       |
|        | ndar year (or fiscal year beginning in) 🕨                                    | (a) 2017              | <b>(b)</b> 2018       | (c) 2019               | (d) 2020            | (e) 2021          | (f) Total       |
|        | Amounts from line 4  | 5699195.              | 5353987.              | 5983282.               | 6007960.            | 5798016.          | 28842440.       |
|        | Gross income from interest,  |                       |                       |                        |                     |                   |                 |
| -      | dividends, payments received on  |                       |                       |                        |                     |                   |                 |
|        | securities loans, rents, royalties,  |                       |                       |                        |                     |                   |                 |
|        | and income from similar sources  | 228,261.              | 170,816.              | 165,796.               | 206,931.            | 288,853.          | 1060657.        |
| 9      | Net income from unrelated business   |                       |                       |                        |                     |                   |                 |
|        | activities, whether or not the   |                       |                       |                        |                     |                   |                 |
|        | business is regularly carried on   | -207,445.             |                       |                        |                     |                   | -207,445.       |
| 10     | Other income. Do not include gain  |                       |                       |                        |                     |                   |                 |
|        | or loss from the sale of capital   |                       |                       |                        |                     |                   |                 |
|        | assets (Explain in Part VI.)   | 729,323.              | 801,691.              | 563,400.               | 999,894.            |                   | 3454721.        |
| 11     | Total support. Add lines 7 through 10  |                       |                       |                        |                     |                   | 33150373.       |
| 12     | Gross receipts from related activities,                                      | etc. (see instructio  | ons)                  |                        |                     | 12 1              | ,643,039.       |
| 13     | First 5 years. If the Form 990 is for the                                    | ne organization's fir | rst, second, third, t | fourth, or fifth tax y | ear as a section 5  | 01(c)(3)          |                 |
| _      | organization, check this box and stop  |                       |                       |                        |                     |                   | <b>&gt;</b>     |
| Sec    | ction C. Computation of Publi  | c Support Per         | centage               |                        |                     |                   |                 |
|        | Public support percentage for 2021 (I  |                       | -                     |                        |                     | 14                | 87.00 %         |
|        | Public support percentage from 2020  |                       |                       |                        |                     | 15                | 87.12 %         |
| 16a    | 33 1/3% support test - 2021. If the c  |                       |                       |                        |                     |                   | N V             |
|        | stop here. The organization qualifies  |                       | -                     |                        | line dE in 00 d/00/ |                   |                 |
| D      | <b>33 1/3% support test - 2020.</b> If the conductor have The exception much |                       |                       |                        |                     |                   |                 |
| 47-    | and stop here. The organization qual   |                       |                       |                        | 12 160 or 16b o     |                   |                 |
| 17a    | 10% -facts-and-circumstances test  | -                     |                       |                        |                     |                   |                 |
|        | and if the organization meets the fact                                       |                       |                       | -                      |                     | -                 |                 |
| h      | meets the facts-and-circumstances te<br>10% -facts-and-circumstances test    | -                     |                       |                        | -                   | 7a and line 15 is |                 |
| D<br>D | more, and if the organization meets the                                      | -                     |                       |                        |                     |                   |                 |
|        | organization meets the facts-and-circu                                       |                       |                       |                        |                     |                   |                 |
| 18     | Private foundation. If the organization                                      |                       |                       |                        | • •                 |                   |                 |
|        |  |                       |                       |                        | , <u></u> ,         |                   | (Form 990) 2021 |
|        |  |                       |                       |                        |                     |                   |                 |

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### Schedule A (Form 990) 2021 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.)

| Section A. Public Support  |                           |                            |                      |                      |                 |                       |
|--|---------------------------|----------------------------|----------------------|----------------------|-----------------|-----------------------|
| Calendar year (or fiscal year beginning in)  | (a) 2017                  | <b>(b)</b> 2018            | (c) 2019             | (d) 2020             | (e) 2021        | (f) Total             |
| 1 Gifts, grants, contributions, and  |                           |                            |                      |                      |                 |                       |
| membership fees received. (Do not  |                           |                            |                      |                      |                 |                       |
| include any "unusual grants.")   |                           |                            |                      |                      |                 |                       |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                            |                      |                      |                 |                       |
| <b>3</b> Gross receipts from activities that   |                           |                            |                      |                      |                 |                       |
| are not an unrelated trade or bus-   |                           |                            |                      |                      |                 |                       |
| 4 Tax revenues levied for the organ-   |                           |                            |                      |                      |                 |                       |
| ization's benefit and either paid to<br>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   |                           |                            |                      |                      |                 |                       |
| 7a Amounts included on lines 1, 2, and   |                           |                            |                      |                      |                 |                       |
| 3 received from disqualified persons   |                           |                            |                      |                      |                 |                       |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year         |                           |                            |                      |                      |                 |                       |
| <b>c</b> Add lines 7a and 7b   |                           |                            |                      |                      |                 |                       |
| 8 Public support. (Subtract line 7c from line 6.)<br>Section B. Total Support  |                           |                            |                      |                      |                 |                       |
| Calendar year (or fiscal year beginning in)  | (a) 2017                  | <b>(b)</b> 2018            | (c) 2019             | (d) 2020             | (e) 2021        | (f) Total             |
| 9 Amounts from line 6  |                           | (0) 2010                   | (0) 2010             |                      |                 |                       |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                           |                            |                      |                      |                 |                       |
| <b>b</b> Unrelated business taxable income   |                           |                            |                      |                      |                 |                       |
| (less section 511 taxes) from businesses   |                           |                            |                      |                      |                 |                       |
| acquired after June 30, 1975   |                           |                            |                      |                      |                 |                       |
| <b>c</b> Add lines 10a and 10b   |                           |                            |                      |                      |                 |                       |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on   |                           |                            |                      |                      |                 |                       |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                           |                            |                      |                      |                 |                       |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                           |                            |                      |                      |                 |                       |
| 14 First 5 years. If the Form 990 is for the   | ne organization's fi      | rst, second, third,        | fourth, or fifth tax | year as a section 5  | 01(c)(3) organ  | ization,              |
| check this box and stop here   | -                         |                            |                      | -                    |                 |                       |
| Section C. Computation of Publi  |                           |                            |                      |                      |                 |                       |
| 15 Public support percentage for 2021 (I   | ine 8, column (f), d      | livided by line 13,        | column (f))          |                      | 15              | %                     |
| 16 Public support percentage from 2020   | Schedule A, Part          | III, line 15               |                      |                      | 16              | %                     |
| Section D. Computation of Inves  | stment Income             | e Percentage               |                      |                      |                 |                       |
| 17 Investment income percentage for 20   |                           | mn (f), divided by l       | ine 13, column (f))  |                      | 17              | %                     |
| 18 Investment income percentage from   | 2020 Schedule A,          | Part III, line 17          |                      |                      | 18              | %                     |
| 19a 33 1/3% support tests - 2021. If the   |                           |                            |                      |                      | 3 1/3%, and li  | ne 17 is not          |
| more than 33 1/3%, check this box a  | nd <b>stop here.</b> The  | organization qual          | ifies as a publicly  | supported organiza   | tion            |                       |
| b 33 1/3% support tests - 2020. If the   | organization did r        | not check a box or         | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3 | 3%, and               |
| line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b> | t <b>op here.</b> The orga | anization qualifies  | as a publicly suppo  | orted organizat | tion ►                |
| 20 Private foundation. If the organization   | n did not check a         | box on line 14, 19         | a, or 19b, check t   | his box and see ins  | tructions       |                       |
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|  |                           | 16                         | 5                    |                      |                 |                       |

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### Schedule A (Form 990) 2021 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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

10b Schedule A (Form 990) 2021

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Yes No

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|--|---------|-----|-----|--------------|
| t IV Supporting Organizations (continued)  |         |     |     |              |
|  |         | •   | Yes | No           |
| Has the organization accepted a gift or contribution from any of the following persons?  |         |     |     |              |
| A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |         |     |     |              |
| 11c below, the governing body of a supported organization?   | 1       | 1a  |     |              |
| A family member of a person described on line 11a above?   | 1       | 1b  |     |              |
| A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |         |     |     |              |
| detail in Part VI.   | 1       | 1c  |     |              |
| tion B. Type I Supporting Organizations  |         |     |     |              |
|  |         | •   | Yes | No           |
| Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o  |         |     |     |              |
| more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off  | licers, |     |     |              |
| directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp | orted   |     |     |              |
| organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among   |         |     |     |              |
| supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | ·       | 1   |     |              |

| 2 | 2. Did the organization operate for the benefit of any supported of | organization other that | an the supported        |     |
|---|---|-------------------------|-------------------------|-----|
|   | organization(s) that operated, supervised, or controlled the sup    | oporting organization   | ? If "Yes," explain in  |     |
|   | Part VI how providing such benefit carried out the purposes of      | the supported organ     | ization(s) that operate | ed, |

| supervised, or controlled the supporting organization. | 2 |     |
|--|---|-----|
| Section C. Type II Supporting Organizations            |   |     |
|  |   | Yes |

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

### Section D. All Type III Supporting Organizations

Schedul

a A 11 b A c A <u>de</u> Sectio

1 Di

11

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

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

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • |  |                                      |                     |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| С |  | The organization supported a governmental entity. | Describe in <b>Part VI</b> how you supported a governmental enti | y (see instruction <u>s).</u> |
|---|--|---|--|-------------------------------|
|---|--|---|--|-------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

No

Yes No

1

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| Sche                             | dule A (Form 990) 2021 INC .   |                |                                  | 6-0876277 Page 6               |
|----------------------------------|--|----------------|----------------------------------|--------------------------------|
| Pa                               | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ng Organiz     | zations                          |                                |
| 1                                | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | ov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|                                  | All other Type III non-functionally integrated supporting organizations mu   | st complete S  | ections A through E.             | 1                              |
| Sect                             | ion A - Adjusted Net Income  | (A) Prior Year | (B) Current Year<br>(optional)   |                                |
| 1                                | Net short-term capital gain  | 1              |                                  |                                |
| 2                                | Recoveries of prior-year distributions                                       | 2              |                                  |                                |
| 3                                | Other gross income (see instructions)  | 3              |                                  |                                |
| 4                                | Add lines 1 through 3.   | 4              |                                  |                                |
| 5                                | Depreciation and depletion   | 5              |                                  |                                |
| 6                                | Portion of operating expenses paid or incurred for production or             |                |                                  |                                |
|                                  | collection of gross income or for management, conservation, or               |                |                                  |                                |
|                                  | maintenance of property held for production of income (see instructions)     | 6              |                                  |                                |
| 7                                | Other expenses (see instructions)  | 7              |                                  |                                |
| 8                                | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8              |                                  |                                |
| Sect                             | ion B - Minimum Asset Amount   |                | (A) Prior Year                   | (B) Current Year<br>(optional) |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see                |                |                                  |                                |
|                                  | instructions for short tax year or assets held for part of year):            |                |                                  |                                |
| a                                | Average monthly value of securities  | 1a             |                                  |                                |
| b                                | Average monthly cash balances  | 1b             |                                  |                                |
| C                                | 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              |                                  |                                |
| Section C - Distributable Amount |  |                |                                  | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)        | 1              |                                  |                                |
| 2                                | Enter 0.85 of line 1.  | 2              |                                  |                                |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3              |                                  |                                |
| 4                                | Enter greater of line 2 or line 3.   | 4              |                                  |                                |
| 5                                | Income tax imposed in prior year   | 5              |                                  |                                |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                |                                  |                                |
|                                  | emergency temporary reduction (see instructions).                            | 6              |                                  |                                |

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

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|-------------------------|--------|

|      | t V Type III Non-Functionally Integrated 509   | (a)(3) Supporting Orga        | nizations (                   |             | 0-08/62// Page 7                 |
|------|--|-------------------------------|-------------------------------|-------------|----------------------------------|
|      | on D - Distributions   | (a)(5) Supporting Orga        | nizations (continu            | <u>led)</u> | Current Year                     |
| 1    | Amounts paid to supported organizations to accomplish exe  | mot purposes                  |                               | 1           | Guirent Tear                     |
| 2    | Amounts paid to supported organizations to accomplish exe<br>Amounts paid to perform activity that directly furthers exemp |                               |                               | <b>- '</b>  |                                  |
| ~    | organizations, in excess of income from activity   |                               |                               | 2           |                                  |
| 3    | Administrative expenses paid to accomplish exempt purpose  | es of supported organizations |                               | 3           |                                  |
| 4    | Amounts paid to acquire exempt-use assets  |                               | 5                             | 4           |                                  |
| 5    | Qualified set-aside amounts (prior IRS approval required - prior   | ovide details in Part VI)     |                               | 5           |                                  |
| 6    | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.   |                               | 6                             |             |                                  |
| 7    | Total annual distributions. Add lines 1 through 6.   |                               | 7                             |             |                                  |
| 8    | Distributions to attentive supported organizations to which the  | ne organization is responsive |                               |             |                                  |
| -    | (provide details in <b>Part VI</b> ). See instructions.  |                               |                               | 8           |                                  |
| 9    | Distributable amount for 2021 from Section C, line 6   |                               |                               | 9           |                                  |
| 10   | Line 8 amount divided by line 9 amount   |                               |                               | 10          |                                  |
|      |  | (i)                           | (ii)                          |             | (iii)                            |
| Sect | on E - Distribution Allocations (see instructions)   | Excess Distributions          | Underdistribution<br>Pre-2021 | าร          | Distributable<br>Amount for 2021 |
| 1    | Distributable amount for 2021 from Section C, line 6   |                               |                               |             |                                  |
| 2    | Underdistributions, if any, for years prior to 2021 (reason-   |                               |                               |             |                                  |
|      | able cause required - explain in Part VI). See instructions.   |                               |                               |             |                                  |
| 3    | Excess distributions carryover, if any, to 2021  |                               |                               |             |                                  |
| a    | From 2016  |                               |                               |             |                                  |
| b    | From 2017  |                               |                               |             |                                  |
| C    | From 2018  |                               |                               |             |                                  |
| d    | From 2019  |                               |                               |             |                                  |
| e    | From 2020  |                               |                               |             |                                  |
| f    | Total of lines 3a through 3e   |                               |                               |             |                                  |
| g    | Applied to underdistributions of prior years   |                               |                               |             |                                  |
| h    | Applied to 2021 distributable amount   |                               |                               |             |                                  |
| i    | Carryover from 2016 not applied (see instructions)   |                               |                               |             |                                  |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                               |                               |             |                                  |
| 4    | Distributions for 2021 from Section D,   |                               |                               |             |                                  |
|      | line 7: \$   |                               |                               |             |                                  |
| a    | Applied to underdistributions of prior years   |                               |                               |             |                                  |
| b    | Applied to 2021 distributable amount   |                               |                               |             |                                  |
| C    | Remainder. Subtract lines 4a and 4b from line 4.   |                               |                               |             |                                  |
| 5    | Remaining underdistributions for years prior to 2021, if   |                               |                               |             |                                  |
|      | any. Subtract lines 3g and 4a from line 2. For result greater  |                               |                               |             |                                  |
|      | than zero, explain in Part VI. See instructions.   |                               |                               |             |                                  |
| 6    | Remaining underdistributions for 2021. Subtract lines 3h   |                               |                               |             |                                  |
|      | and 4b from line 1. For result greater than zero, explain in   |                               |                               |             |                                  |
|      | Part VI. See instructions.   |                               |                               |             |                                  |
| 7    | Excess distributions carryover to 2022. Add lines 3j   |                               |                               |             |                                  |
|      | and 4c.  |                               |                               |             |                                  |
| 8    | Breakdown of line 7:   |                               |                               |             |                                  |
|      | Excess from 2017   |                               |                               |             |                                  |
|      | Excess from 2018   |                               |                               |             |                                  |
|      | Excess from 2019   |                               |                               |             |                                  |
|      | Excess from 2020   |                               |                               |             |                                  |
| e    | Excess from 2021   |                               |                               |             |                                  |

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|                |   |                        |                                    | BROADO                          | CASTING                           | COUNCIL                                 | OF CNY,   |   |               |
|----------------|---|------------------------|------------------------------------|---------------------------------|-----------------------------------|---|---|---|---------------|
| Schedule A     | (Form 990) 2021   | INC                    | •                                  |                                 |                                   |   |   | 16-0876277  | Page <b>8</b> |
| Part VI        | Supplemental Inforr<br>Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, I<br>Section D, lines 5, 6, and 8<br>(See instructions.) | 2, 3b, 3<br>lines 2 ar | c, 4b, 4c, 5a,<br>nd 3; Part IV, 3 | 6, 9a, 9b, 9c<br>Section E, lir | :, 11a, 11b, aı<br>ıes 1c, 2a, 2b | nd 11c; Part IV, 3<br>), 3a, and 3b; Pa | Section B, lines <sup>·</sup><br>.rt V, line 1; Part <sup>·</sup> | r 17b; Part III, line 12;<br>1 and 2; Part IV, Sectior<br>V, Section B, line 1e; Pa | n C,          |
|                | \$ <u>I</u>   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
|                |   |                        |                                    |                                 |                                   |   |   |   |               |
| 132028 01-04-2 | 22  |                        |                                    |                                 |                                   |   |   | Schedule A (Form S  | 90) 2021      |
| .32320 01-04-2 |   |                        |                                    |                                 | 21                                |   |   |   |               |

| SCHEDULE D |  |  | al Financial Statements   |                    | OMB No. 1545-0047                      |  |  |  |
|------------|--|--|---|--------------------|--|--|--|--|
| (Forn      | n 990)                                 | ► Complete if the org<br>Part IV line 6, 7, 8, 9, 10 | 2021  |                    |  |  |  |  |
|            | ment of the Treasury                   |  | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>Attach to Form 990. |                    |  |  |  |  |
|            | Revenue Service                        |  | 90 for instructions and the latest informat<br>STING COUNCIL OF CNY,                            |                    | Inspection<br>er identification number |  |  |  |
| Nam        | e of the organizatio                   | INC.   |   |                    | 16-0876277                             |  |  |  |
| Par        | t I Organiza                           | tions Maintaining Donor Advise                       | d Funds or Other Similar Funds o  | r Accounts.        | Complete if the                        |  |  |  |
|            | organizatior                           | n answered "Yes" on Form 990, Part IV, lin           |   |                    |  |  |  |  |
|            |  |  | (a) Donor advised funds   | (b) Funds a        | nd other accounts                      |  |  |  |
| 1          |  | d of year  |   |                    |  |  |  |  |
| 2          |  | contributions to (during year)                       |   |                    |  |  |  |  |
| 3<br>4     |  | grants from (during year)                            |   |                    |  |  |  |  |
| 4<br>5     |  | end of year  | I writing that the assets held in donor advised   | funde              |  |  |  |  |
| Ŭ          | -                                      |  | exclusive legal control?  |                    | Yes No                                 |  |  |  |
| 6          |  |  | dvisors in writing that grant funds can be us   |                    |  |  |  |  |
|            | •                                      |  | r donor advisor, or for any other purpose co  |                    |  |  |  |  |
|            | impermissible priva                    | ate benefit?   |   | -                  | Yes No                                 |  |  |  |
| Par        | t II Conserva                          | ation Easements. Complete if the org                 | ganization answered "Yes" on Form 990, Pa   | art IV, line 7.    |  |  |  |  |
| 1          | Purpose(s) of cons                     | ervation easements held by the organization          | on (check all that apply).  |                    |  |  |  |  |
|            | Preservation                           | of land for public use (for example, recrea          | tion or education)  | historically impo  | ortant land area                       |  |  |  |
|            |  | f natural habitat                                    | Preservation of a   | certified historio | structure                              |  |  |  |
|            |  | of open space  |   |                    |  |  |  |  |
| 2          | Complete lines 2a day of the tax year. | <b>o o</b> .   | ied conservation contribution in the form of  |                    | asement on the last                    |  |  |  |
| •          |  |  |   |                    |  |  |  |  |
| a<br>b     |  |  |   |                    |  |  |  |  |
| c          | •                                      |  | ucture included in (a)  |                    |  |  |  |  |
| d          |  |  | Ifter 7/25/06, and not on a historic structure  |                    |  |  |  |  |
|            |  |  |   |                    |  |  |  |  |
| 3          |  |  | eased, extinguished, or terminated by the o   |                    | ng the tax                             |  |  |  |
|            | year 🕨                                 |  |   |                    |  |  |  |  |
| 4          |  | where property subject to conservation eas           |   |                    |  |  |  |  |
| 5          | 0                                      | ion have a written policy regarding the per          | <b>6</b> , 1 , <b>6</b>   |                    |  |  |  |  |
| -          |  | prcement of the conservation easements it            |   |                    |  |  |  |  |
| 6          |  | r hours devoted to monitoring, inspecting,           | handling of violations, and enforcing conser  | rvation easemen    | ts during the year                     |  |  |  |
| 7          |  |  | ling of violations, and enforcing conservatic   | n occomonte du     | ring the year                          |  |  |  |
| '          | ► \$                                   | es incurred in monitoring, inspecting, nand          | ing of violations, and enforcing conservation   | in easements du    | ring the year                          |  |  |  |
| 8          |  | vation easement reported on line 2(d) abov           | e satisfy the requirements of section 170(h)  | (4)(B)(i)          |  |  |  |  |
|            |  |  | ······  |                    | Yes No                                 |  |  |  |
| 9          |  |  | on easements in its revenue and expense st  |                    | -                                      |  |  |  |
|            | balance sheet, and                     | l include, if applicable, the text of the footn      | ote to the organization's financial statemen  | ts that describes  | s the                                  |  |  |  |
| _          | organization's acco                    | ounting for conservation easements.                  |   |                    |  |  |  |  |
| Par        |  |  | Art, Historical Treasures, or Oth   | er Similar As      | sets.                                  |  |  |  |
|            |  | the organization answered "Yes" on Form              |   |                    |  |  |  |  |
| <b>1</b> a | U U                                    | · •  | 8, not to report in its revenue statement and   |                    |  |  |  |  |
|            |  | · · ·  | lic exhibition, education, or research in furt  | nerance of publi   |  |  |  |  |
| h          |  |  | icial statements that describes these items.<br>8, to report in its revenue statement and ba    | lance sheet wor    | (s of                                  |  |  |  |
| D D        | -                                      |  | exhibition, education, or research in further   |                    |  |  |  |  |
|            |  | ng amounts relating to these items:                  |   |                    |  |  |  |  |
|            | -                                      |  |   | ►\$_               |  |  |  |  |
|            |  |  |   | <b>N A</b>         |  |  |  |  |
| 2          | If the organization                    | received or held works of art, historical trea       | asures, or other similar assets for financial g   | jain, provide      |  |  |  |  |
|            | -                                      | ints required to be reported under FASB A            | -   |                    |  |  |  |  |
|            |  |  |   |                    |  |  |  |  |
|            |  |  | <i>.</i>  |                    |  |  |  |  |
|            |  | eduction Act Notice, see the Instructions            | s for Form 990.   | Sch                | edule D (Form 990) 2021                |  |  |  |
| 132051     | 10-28-21                               |  | 26  |                    |  |  |  |  |

<sup>14440515 781828</sup> TPBC

<sup>2021.05080</sup> THE PUBLIC BROADCASTING C TPBC\_\_\_1

| THE PUBLIC BROADCASTING COUNCIL OF | CNY | BLI | E PUE | LIC BROA | DCASTING | COUNCIL | OF | CNY |
|------------------------------------|-----|-----|-------|----------|----------|---------|----|-----|
|------------------------------------|-----|-----|-------|----------|----------|---------|----|-----|

|          |  | LIC BROADCA                      | STING CO              | JNCIL OF                  | F CNY         |                          |   |                 |               |  |  |
|----------|--|----------------------------------|-----------------------|---------------------------|---------------|--------------------------|---|-----------------|---------------|--|--|
|          | dule D (Form 990) 2021 INC .   |                                  |                       |                           |               | 16                       | 5-08                                    | 76277           | Page <b>2</b> |  |  |
| Par      | t III Organizations Maintaining C  | ollections of Art                | , Historical T        | reasures, o               | r Other       | Similar A                | sset                                    | continu         | ued)          |  |  |
| 3        | Using the organization's acquisition, accession  | on, and other records            | , check any of th     | e following tha           | t make sig    | gnificant use            | e of its                                |                 |               |  |  |
|          | collection items (check all that apply):   |                                  |                       |                           |               |                          |   |                 |               |  |  |
| а        | Public exhibition  | d                                | Loan or e             | kchange progr             | am            |                          |   |                 |               |  |  |
| b        | Scholarly research   | е                                | Other                 |                           |               |                          |   |                 |               |  |  |
| с        | Preservation for future generations  |                                  |                       |                           |               |                          |   |                 |               |  |  |
| 4        | Provide a description of the organization's co   | ellections and explain           | how they further      | the organizati            | on's exerr    | npt purpose              | in Part                                 | XIII.           |               |  |  |
| 5        | During the year, did the organization solicit or   | r receive donations o            | f art, historical tre | asures, or oth            | er similar    | assets                   |   |                 |               |  |  |
|          | to be sold to raise funds rather than to be maintained as part of the organization's collection?   |                                  |                       |                           |               |                          |   |                 |               |  |  |
| Par      | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or  |                                  |                       |                           |               |                          |   |                 |               |  |  |
|          | reported an amount on Form 990, Par  | t X, line 21.                    |                       |                           |               |                          |   |                 |               |  |  |
| 1a       | Is the organization an agent, trustee, custodia  | an or other intermedi            | ary for contribution  | ons or other as           | sets not i    | ncluded                  |   |                 |               |  |  |
|          | on Form 990, Part X?   |                                  |                       |                           |               |                          | 🗆                                       | Yes             | X No          |  |  |
| b        | If "Yes," explain the arrangement in Part XIII a   |                                  |                       |                           |               |                          |   |                 |               |  |  |
|          |  |                                  |                       |                           |               |                          |   | Amount          |               |  |  |
| с        | Beginning balance  |                                  |                       |                           |               | 1c                       |   |                 |               |  |  |
| d        | Additions during the year  |                                  |                       |                           |               | 1d                       |   |                 |               |  |  |
|          | Distributions during the year  |                                  |                       |                           |               |                          |   |                 |               |  |  |
| f        | Ending balance   |                                  |                       |                           |               | 1f                       |   |                 |               |  |  |
| 2a       | Did the organization include an amount on Fo   |                                  |                       |                           |               | ty?                      |   | Yes             | No            |  |  |
| b        | If "Yes," explain the arrangement in Part XIII.  | Check here if the exp            | planation has bee     | n provided on             | Part XIII     |                          |   |                 |               |  |  |
| Par      | t V Endowment Funds. Complete in   | f the organization and           | swered "Yes" on       | Form 990, Par             | t IV, line 1  | 0.                       |   |                 |               |  |  |
|          |  | (a) Current year                 | (b) Prior year        | (c) Two yea               |               | (d) Three year           | rs back                                 | (e) Four        | years back    |  |  |
| 1a       | Beginning of year balance  | 94,453.                          | 90,104                | l. 37                     | 7,592.        | 102                      | ,284.                                   |                 | 110,074.      |  |  |
|          | Contributions  | 20,000.                          | 88,453                | 8. 8                      | 4,104.        | 344                      | ,926.                                   |                 | 80,631.       |  |  |
|          | Net investment earnings, gains, and losses   |                                  |                       |                           |               |                          |   |                 |               |  |  |
|          | Grants or scholarships   |                                  |                       |                           |               |                          |   |                 |               |  |  |
|          | Other expenditures for facilities  |                                  |                       |                           |               |                          |   |                 |               |  |  |
| -        | and programs   | 71,787.                          | 84,104                | . 37                      | 1,592.        | 69                       | ,618.                                   |                 | 88,421.       |  |  |
| f        | Administrative expenses  | ,                                | ,                     |                           | ,             |                          |   |                 |               |  |  |
|          | End of year balance  | 42,666.                          | 94,453                | 3. 9                      | 0,104.        | 377                      | ,592.                                   |                 | 102,284.      |  |  |
| 2        | Provide the estimated percentage of the curr   | ent vear end balance             | ,                     |                           | ,             |                          | ,                                       |                 |               |  |  |
|          | Board designated or quasi-endowment  |                                  | %                     |                           |               |                          |   |                 |               |  |  |
| h        | Permanent endowment  .0000   | %                                |                       |                           |               |                          |   |                 |               |  |  |
|          | 100  | %<br>%                           |                       |                           |               |                          |   |                 |               |  |  |
| C        | The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should |                                  |                       |                           |               |                          |   |                 |               |  |  |
| 30       | Are there endowment funds not in the posses  |                                  | tion that are held    | and administe             | red for th    | a organizatio            | n                                       |                 |               |  |  |
| Ja       |  | ssion of the organiza            | tion that are neid    |                           |               | e organizatio            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | [               | Yes No        |  |  |
|          | by:<br>(i) Unrelated organizations   |                                  |                       |                           |               |                          |   | 3a(i)           | X             |  |  |
|          |  |                                  |                       |                           |               |                          |   | 3a(ii)          |               |  |  |
| <b>b</b> | (ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organization  |                                  |                       |                           |               |                          |   |                 |               |  |  |
| -        |  |                                  |                       | ć                         |               |                          |   | 3b              |               |  |  |
| 4<br>Par | t VI Land, Buildings, and Equipm   |                                  | vment lunas.          |                           |               |                          |   |                 |               |  |  |
| 1 41     | Complete if the organization answered  |                                  | Part IV line 11a      | See Form 990              | ) Part X      | line 10                  |   |                 |               |  |  |
|          |  |                                  |                       |                           |               |                          |   |                 |               |  |  |
|          | Description of property  | (a) Cost or ot<br>basis (investm | .,                    | st or other<br>is (other) |               | ccumulated<br>preciation |   | <b>(d)</b> Book | value         |  |  |
|          |  |                                  | ,                     |                           |               |                          |   | 701             | 150           |  |  |
| -        | Land   |                                  |                       | <u>91,159.</u><br>92 127  | 20            |                          | ) 1                                     |                 | ,159.         |  |  |
| b        | Buildings  |                                  |                       | <u>83,127.</u>            |               | <u>346,938</u>           |   |                 | <u>,189.</u>  |  |  |
|          | Leasehold improvements   |                                  |                       | 77,278.                   |               | 563,191                  |   |                 | .,087.        |  |  |
|          | Equipment  |                                  |                       | 85,813.                   | <u>μτυ, (</u> | )23,557                  |   | 1,402           | 2,256.        |  |  |
| -        | Other  |                                  |                       | 14,700.                   |               | 14,700                   |   | 4 1 0 0         | 0.            |  |  |
| Total    | . Add lines 1a through 1e. (Column (d) must ed   | qual Form 990, Part >            | (, column (B), line   | 10c.)                     |               |                          | ▶   1                                   | 4,103           | 8,691.        |  |  |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 INC . Part VII Investments - Other Securities. Complete if the organization answered "Yes" of  | on Form 990 Part IV line                  |  | 0876277 Page <b>3</b> |
|---|---|--|-----------------------|
| (a) Description of security or Category (including name of security)  | (b) Book value                            | (c) Method of valuation: Cost or end-o       | of-vear market value  |
| (1) Financial derivatives   | .,  |  | ,                     |
| (2) Closely held equity interests   |   |  |                       |
| (3) Other   |   |  |                       |
| (A)   |   |  |                       |
| (B)   |   |  |                       |
| (C)   |   |  |                       |
| (D)   |   |  |                       |
| (E)   |   |  |                       |
| (F)   |   |  |                       |
| (G)   |   |  |                       |
| (H)   |   |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►<br>Part VIII Investments - Program Related.  |   |  |                       |
| Complete if the organization answered "Yes" c (a) Description of investment   | (b) Book value                            | (c) Method of valuation: Cost or end-o       | of voor market value  |
|   | (b) BOOK value                            | (c) Method of Valuation. Cost of end-o       | or-year market value  |
| (1)   |   |  |                       |
| (2)   |   |  |                       |
| (3) (4)   |   |  |                       |
| (5)   |   |  |                       |
| (6)   |   |  |                       |
| (7)   |   |  |                       |
| (8)   |   |  |                       |
| (9)   |   |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered "Yes" complete if the or | on Form 990, Part IV, line<br>Description | e 11d. See Form 990, Part X, line 15.        | <b>(b)</b> Book value |
| (1) CASH SURRENDER VALUE LIFE   | INSURANCE                                 |  | 678,267.              |
| (2) EQUITY INVESTMENT IN CENTR  |   |  | 776,378.              |
| (3) DUE FROM AFFILIATES   |   |  | 3,210.                |
| (4)   |   |  |                       |
| (5)   |   |  |                       |
| (6)   |   |  |                       |
| (7)   |   |  |                       |
| (8)   |   |  |                       |
| (9)   |   |  | 1 455 055             |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.   |   |  | 1,457,855.            |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line                | e 11e or 11f. See Form 990, Part X, line 25. | (b) Book value        |
| <b>1.</b> (a) Description of liability  |   |  | (b) BOOK value        |
| (1) Federal income taxes<br>(2) DEFERRED COMPENSATION   |   |  | 75,397.               |
|   |   |  | 7,193.                |
|   |   |  | 240,300.              |
| (4) SBA LOAN<br>(5)   |   |  | 240,500.              |
| (6)   |   |  |                       |
| (7)   |   |  |                       |
| (8)   |   |  |                       |
| (9)   |   |  |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line   | 25)                                       |  | 322,890.              |
| <ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>  | ,   |  |                       |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2021

132053 10-28-21

|    | dule D (Form 990) 2021 INC .   |                                       | 16-087627        | 7 Page 4 |
|----|--|---------------------------------------|------------------|----------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Sta                       | tements With Reven                    | ue per Return.   |          |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, lir          | ne 12a.                               |                  |          |
| 1  | Total revenue, gains, and other support per audited financial statements       |                                       | 1                |          |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:            |                                       |                  |          |
| а  | Net unrealized gains (losses) on investments                                   | 2a                                    |                  |          |
| b  | Donated services and use of facilities   | 2b                                    |                  |          |
| с  | Recoveries of prior year grants  | 2c                                    |                  |          |
| d  | Other (Describe in Part XIII.)   |                                       |                  |          |
| е  | Add lines 2a through 2d  |                                       | 2e               |          |
| 3  | Subtract line 2e from line 1   |                                       | 3                |          |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:           |                                       |                  |          |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                                    |                  |          |
| b  | Other (Describe in Part XIII.)   | 4b                                    |                  |          |
| с  | Add lines <b>4a</b> and <b>4b</b>  |                                       | 4c               |          |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. | )                                     |                  |          |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta                    | atements With Exper                   | ises per Return. |          |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, lir          | ne 12a.                               |                  |          |
| 1  | Total expenses and losses per audited financial statements                     |                                       | 1                |          |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:              |                                       |                  |          |
| а  | Donated services and use of facilities   | 2a                                    |                  |          |
| b  | Prior year adjustments   |                                       |                  |          |
| с  | Other losses   | 2c                                    |                  |          |
| d  | Other (Describe in Part XIII.)   | 2d                                    |                  |          |
| е  | Add lines 2a through 2d  |                                       | 2e               |          |
| 3  | Subtract line 2e from line 1   |                                       |                  |          |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:             |                                       |                  |          |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                                    |                  |          |
| b  | Other (Describe in Part XIII.)   |                                       |                  |          |
| с  | Add lines <b>4a</b> and <b>4b</b>  |                                       | 4c               |          |
| 5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1  |                                       |                  |          |
| Pa | rt XIII Supplemental Information.  | · · · · · · · · · · · · · · · · · · · |                  |          |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

### THE INCOME FROM THE ENDOWMENTS IS EXPENDABLE TO SUPPORT THE COUNCIL'S

OPERATIONS.

PART X, LINE 2:

WCNY AND THE FOUNDATION ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ARE EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

INTERNAL REVENUE CODE. WCNY AND THE FOUNDATION ARE SUBJECT TO FEDERAL

INCOME TAXES ON UNRELATED BUSINESS INCOME PURSUANT TO SECTION 511 OF THE

INTERNAL REVENUE CODE. AS OF JUNE 30, 2022 AND 2021, THE COUNCIL DID NOT

# HAVE ANY UNRECOGNIZED TAX BENEFITS OR ANY RELATED ACCRUED INTEREST OR

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Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021<br>Part XIII Supplemental Infor |           | IC BROADCA | ASTING COU |         | CNY,<br>16-08 | 876277 Page 5        |
|--|-----------|------------|------------|---------|---------------|----------------------|
|  |           |            |            |         |               |                      |
| PENALTIES. THE TAX Y                                       |           |            | NATION BY  | FEDERAL | AND STATE     | TAXING               |
| AUTHORITIES ARE 2019                                       | 9 THROUGH | 2022.      |            |         |               |                      |
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|  |           |            |            |         | Schedu        | le D (Form 990) 2021 |

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| SCHEDULE G   | Suppleme  | ntal Information Regarding   | Fund   | raisi   | ng or Gaming A  | ctiv    | ities o   | MB No. 1545-0047   |
|--|---|--|--|---|---|---------|---|--|
| (Form 990)   |   | e organization answered "Yes" on<br>organization entered more than \$1   |  |   |   | or 19,  | or if the   | 2021   |
| Department of the Treasury<br>Internal Revenue Service   |   | ► Attach to Form 990<br>to www.irs.gov/Form990 for instr   |  |   |   | on      |   | Open to Public<br>Inspection                                   |
| Name of the organization   |   | LIC BROADCASTING C   |  |   |   | 011.    |   | ntification number   |
|  | sing Activities.  | Complete if the organization answe   | red "Y   | es" or  | n Form 990, Part IV, I  | ine 1   |   |  |
| <ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol> | tions<br>email solicitations<br>itations<br>blicitations<br>on have a written o<br>red in Form 990, P<br>) highest paid indiv | ed funds through any of the followin<br>e Solicita<br>f Solicita<br>g Special<br>or oral agreement with any individual<br>art VII) or entity in connection with p<br>viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(includ          | non-g<br>gover<br>iising o<br>ing of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |         | Yes   |  |
| (i) Name and addres<br>or entity (fund   |   | (ii) Activity  | (iii)<br>fundra<br>have cu<br>or con<br>contribu | ustody<br>trol of                               | (iv) Gross receipts from activity   | tò (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |
|  |   |  | Yes  | No  |   |         |   |  |
|  |   |  |  |   |   |         |   |  |
|  |   |  |  |   |   |         |   |  |
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|  |   | <u> </u>   |  |   |   |         |   |  |
| 3 List all states in white or licensing.   | ich the organizatio   | n is registered or licensed to solicit o   | contribu   | utions  | or has been notified  | it is e | exempt from re  | gistration   |
|  |   |  |  |   |   |         |   |  |
|  |   |  |  |   |   |         |   |  |
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| LHA For Paperwork R  | eduction Act Noti   | ice, see the Instructions for Form S   | 90 or 9  | 990-E   | Ζ.  |         | Schedule  | G (Form 990) 2021  |

132081 10-21-21

|            |                              | THE LODELO             | DITOTID OND I THO         | 00011011            | 01 01(1)           |                         |          |
|------------|------------------------------|------------------------|---------------------------|---------------------|--------------------|-------------------------|----------|
| Schedule G | (Form 990) 2021              | INC.                   |                           |                     |                    | 16-0876277              | Page 2   |
| Part II    | Fundraising Events.          | Complete if the organ  | nization answered "Yes" o | n Form 990, Part    | IV, line 18, or re | ported more than \$15,  | 000      |
|            | of fundraising event contrib | outions and gross inco | ome on Form 990-EZ, lines | s 1 and 6b. List ev | ents with gross    | receipts greater than § | \$5,000. |

|                 |       | of fundraising event contributions and gro       | oss income on Form 990   | EZ, lines 1 and 6b. List e                       | vents with gross receipt | s greater than \$5,000.                             |
|-----------------|-------|--|--------------------------|--|--------------------------|---|
|                 |       |  | (a) Event #1             | <b>(b)</b> Event #2                              | (c) Other events NONE    | (d) Total events<br>(add col. (a) through           |
|                 |       |  | AUCTION                  |  |                          | col. (c))   |
| ē               |       |  | (event type)             | (event type)                                     | (total number)           | (-)/  |
| Revenue         | 1     | Gross receipts                                   | 225,844.                 |  |                          | 225,844.  |
|                 | 2     | Less: Contributions                              | 48,571.                  |  |                          | 48,571.   |
|                 | 3     | Gross income (line 1 minus line 2)               | 177,273.                 |  |                          | 177,273.  |
|                 | 4     | Cash prizes                                      |                          |  |                          |   |
| S               | 5     | Noncash prizes                                   |                          |  |                          |   |
| Direct Expenses | 6     | Rent/facility costs                              |                          |  |                          |   |
| Direct E        | 7     | Food and beverages                               |                          |  |                          |   |
|                 | 8     | Entertainment                                    |                          |  |                          |   |
|                 | 9     | Other direct expenses                            | 177,273.                 |  |                          | 177,273.  |
|                 | 10    | Direct expense summary. Add lines 4 through      | 9 in column (d)          |  | ►                        | 177,273.  |
|                 | 11    | Net income summary. Subtract line 10 from li     | ne 3, column (d)         |  |                          | 0.  |
| Pa              | rt I  |  | answered "Yes" on Form   | 990, Part IV, line 19, or r                      | eported more than        |   |
|                 |       | \$15,000 on Form 990-EZ, line 6a.                | 1                        |  |                          |   |
| Revenue         |       |  | (a) Bingo                | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (add<br>col. (a) through col. (c)) |
| Re              | 1     | Gross revenue                                    |                          |  |                          |   |
|                 |       | Gross revenue                                    |                          |  |                          |   |
| ses             | 2     | Cash prizes                                      |                          |  |                          |   |
| Expenses        | 3     | Noncash prizes                                   |                          |  |                          |   |
| Direct          | 4     | Rent/facility costs                              |                          |  |                          |   |
|                 | 5     | Other direct expenses                            |                          |  |                          |   |
|                 |       |  | <b>Yes</b> %             | <b>Yes</b> %                                     | <b>Yes</b> %             |   |
|                 | 6     | Volunteer labor                                  | No                       | No   | No                       |   |
|                 | 7     | Direct expense summary. Add lines 2 through      | 1 5 in column (d)        |  | ►                        |   |
|                 | •     | Not coming income ourselver. Outstand the 7      | from line 1              |  | ⊾                        |   |
|                 | ð     | Net gaming income summary. Subtract line 7       | irom line 1, column (d)  |  | ····· •                  | <u> </u>  |
| ٩               | En    | ter the state(s) in which the organization condu | icts gaming activities:  |  |                          |   |
|                 |       | the organization licensed to conduct gaming ac   |                          |  |                          | Yes No  |
|                 |       | No," explain:                                    |                          |  |                          |   |
| ~               |       |  |                          |  |                          |   |
|                 |       |  |                          |  |                          |   |
| 10a             | We    | ere any of the organization's gaming licenses re | evoked, suspended, or te | rminated during the tax y                        | ear?                     | Yes No  |
|                 |       | Yes," explain:                                   |                          |  |                          |   |
|                 |       |  |                          |  |                          |   |
|                 |       |  |                          |  |                          |   |
| 12200           | 32 10 | D-21-21  |                          |  | Sche                     | dule G (Form 990) 2021                              |

| THE PUBLIC | BROADCASTING | COUNCIL | OF | CNY, |
|------------|--------------|---------|----|------|
|------------|--------------|---------|----|------|

| Sch  | ichedule G (Form 990) 2021 INC.  | 1                                       | 5-0876277 Page:               | 3             |
|------|--|---|-------------------------------|---------------|
|      | 1 Does the organization conduct gaming activities with nonmembers?   |   | <b>v</b>                      |               |
|      | 2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of to administer charitable gaming?  | of a partnership or other entity formed |                               | 0             |
|      | 3 Indicate the percentage of gaming activity conducted in:   |   | 1 1                           |               |
|      | a The organization's facility  |   |                               | <u>%</u><br>% |
|      | <ul><li>b An outside facility</li><li>4 Enter the name and address of the person who prepares the organization's</li></ul>   |   |                               | 70            |
|      | Name   |   |                               |               |
|      | Address  |   |                               |               |
| 15a  | 5a Does the organization have a contract with a third party from whom the org  | anization receives gaming revenue?      | Yes 🗌 No                      | ð             |
|      | <ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party ▶\$</li></ul>                         | \$ and the amount                       |                               |               |
|      | Name   |   |                               | _             |
|      | Address  |   |                               |               |
| 16   | 6 Gaming manager information:  |   |                               |               |
|      | Name   |   |                               |               |
|      | Gaming manager compensation 🕨 💲  |   |                               |               |
|      | Description of services provided   |   |                               |               |
|      |  |   |                               | _             |
|      | Director/officer Employee Indepe   | ndent contractor                        |                               |               |
| a    | <ul> <li>7 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions retain the state gaming license?</li> </ul> |   | Yes No                        | D             |
| _    | <ul> <li>b Enter the amount of distributions required under state law to be distributed<br/>organization's own exempt activities during the tax year </li> </ul>         |   |                               |               |
| Pa   | Part IV         Supplemental Information. Provide the explanations require           15b, 15c, 16, and 17b, as applicable. Also provide any additional in                |   | d Part III, lines 9, 9b, 10b, |               |
|      |  |   |                               |               |
|      |  |   |                               |               |
|      |  |   |                               |               |
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|      |  |   |                               |               |
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| 1020 | 32083 10-21-21   | 30                                      |                               | ••            |

| Schedule G | (Form 990)<br>Supplemental Inform | THE<br>INC. | PUBLIC      | BROADCASTING |      | 16-0876277 Page 4     |
|------------|-----------------------------------|-------------|-------------|--------------|------|-----------------------|
|            |                                   |             | (continued) |              |      |                       |
|            |                                   |             |             |              |      |                       |
|            |                                   |             |             |              | <br> |                       |
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|            |                                   |             |             |              |      | Schedule G (Form 990) |
|            |                                   |             |             |              |      |                       |

132084 11-18-21

| SC     | HEDULE J   Compensation Information  |            | OMB No. 1    | 545-004    | 47   |
|--------|--|------------|--------------|------------|------|
| (Fo    | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest  |            | 00           | <b>n</b> 4 |      |
| •      | Compensated Employees  |            | 20           | <b>Z</b> I |      |
| _      | tment of the Treasury. Complete if the organization answered "Yes" on Form 990, Part IV, line 23.                    |            | Open to      | Publ       | ic   |
|        | tment of the Treasury<br>al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.   |            | Inspe        | ction      |      |
| Nan    | ne of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY, E   | mployer id | lentificatio | on nur     | nber |
|        | INC.   | 16-0       | 87627        | 7          |      |
| Pa     | rt I Questions Regarding Compensation  |            |              |            |      |
|        |  |            |              | Yes        | No   |
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99 | 00,        |              |            |      |
|        | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           |            |              |            |      |
|        | First-class or charter travel Housing allowance or residence for personal  | luse       |              |            |      |
|        | Travel for companions Payments for business use of personal resid  | lence      |              |            |      |
|        | Tax indemnification and gross-up payments Health or social club dues or initiation fees                              |            |              |            |      |
|        | Discretionary spending account Personal services (such as maid, chauffeur, o   | chef)      |              |            |      |
|        |  |            |              |            |      |
| b      | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or        |            |              |            |      |
|        | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain             |            | <b>1b</b>    |            |      |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,     |            |              |            |      |
|        | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                |            | 2            |            |      |
| _      |  |            |              |            |      |
| 3      | Indicate which, if any, of the following the organization used to establish the compensation of the organization's   |            |              |            |      |
|        | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization      | to         |              |            |      |
|        | establish compensation of the CEO/Executive Director, but explain in Part III.                                       |            |              |            |      |
|        | Compensation committee Written employment contract   |            |              |            |      |
|        | Independent compensation consultant  |            |              |            |      |
|        | Form 990 of other organizations  | nmittee    |              |            |      |
| 4      | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing         |            |              |            |      |
| 4      | organization or a related organization:  |            |              |            |      |
| -      | Receive a severance payment or change-of-control payment?  |            | 4a           |            | х    |
| a<br>h |  |            |              |            | X    |
| c      | Destinate in a vessive payment from an equity based compared tion evenement?   |            |              |            | X    |
| C      | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.        |            |              |            |      |
|        |  |            |              |            |      |
|        | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                             |            |              |            |      |
| 5      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation    |            |              |            |      |
| -      | contingent on the revenues of:   |            |              |            |      |
| а      | The organization?  |            | 5a           |            | х    |
|        | Any related organization?  |            |              |            | X    |
|        | If "Yes" on line 5a or 5b, describe in Part III.   |            |              |            |      |
| 6      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation    |            |              |            |      |
|        | contingent on the net earnings of:   |            |              |            |      |
| а      | The organization?  |            | 6a           |            | X    |
|        | Any related organization?  |            |              |            | X    |
|        | If "Yes" on line 6a or 6b, describe in Part III.   |            |              |            |      |
| 7      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments     |            |              |            |      |
|        | not described on lines 5 and 6? If "Yes," describe in Part III   |            | 7            |            | X    |
| 8      | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the      |            |              |            |      |
|        | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III          |            | 8            |            | X    |
| 9      | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in               |            |              |            |      |
|        | Regulations section 53.4958-6(c)?  |            | . 9          |            |      |
| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | Schedu     | ıle J (Forn  | n 990)     | 2021 |

132111 11-02-21

| Schedule J (Form 990) 2021 INC •   |                 |  |   |   | 16-0876277                        | 277                        |                                    | Page 2                                    |
|--|-----------------|--|---|---|-----------------------------------|----------------------------|------------------------------------|---|
| s, Trustee   | nplo            | yees, and Highest C  | Compensated Empl                          | oyees. Use duplica                        | e copies if additional s          | pace is needed.            |                                    |   |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. | oe rep<br>orm 9 | borted on Schedule J<br>90, Part VII.                              | l, report compensati                      | on from the organize                      | ttion on row (i) and fror         | n related organization     | s, described in the instr          | uctions, on row (ii).                     |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual  | bd ind          | lividual must equal th   | ne total amount of F                      | orm 990, Part VII, Se                     | ction A, line 1a, applic          | able column (D) and (F     | E) amounts for that indi-<br>indi- | vidual.                                   |
|  |                 | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | -2 and/or 1099-MIS<br>compensation        | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable<br>benefits | (E) Total of columns (B)(i)-(D)    | (F) Compensation<br>in column (B)         |
| (A) Name and Title   |                 | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                            |                                    | reported as deferred<br>on prior Form 990 |
| (1) MITCH GELMAN   | (i)             | 217,462.   | 150,000.                                  | •0  | • 0                               | 7,200.                     | 374,662.                           | •0  |
| PRESIDENT & CEO, WCNY  | (ii)            | .0   | .0  | .0  | .0                                | .0                         | 0.                                 | 0.  |
|  | (i)             |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | <u>(</u>        |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | <u>(</u>        |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | (i)             |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | <u>(</u>        |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | <u>(i)</u>      |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  | Ξ               |  |   |   |                                   |                            |                                    |   |
|  | (ii)            |  |   |   |                                   |                            |                                    |   |
|  |                 |  |   |   |                                   |                            | Schedu                             | Schedule J (Form 990) 2021                |

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| Schedule J (Form 990) 2021 INC .   | 16-0876277 Page 3                            |
|--|--|
| Part III Supplemental Information  |  |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | te this part for any additional information. |
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|  | Schedule J (Form 990) 2021                   |

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| SCHEDULE O<br>(Form 990)       Supplemental Information to Form 990 o         Department of the Treasury<br>Internal Revenue Service       Complete to provide information for responses to specific quest<br>Form 990 or 990-EZ or to provide any additional information         Department of the Treasury<br>Internal Revenue Service       Attach to Form 990 or Form 990-EZ.  | ons on <b>2021</b>                           |
|--|--|
| Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CN INC.  | Y, Employer identification number 16-0876277 |
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION  | MISSION:                                     |
| WHICH OPERATES A NON-COMMERCIAL PUBLIC TELEVISION STAT   | FION (WCNY) AND A                            |
| NON-COMMERCIAL PUBLIC FM RADIO STATION (WCNY) IN SYRA  | CUSE, NEW YORK AND                           |
| AIMS TO EDUCATE, INSPIRE AND ENTERTAIN.  |  |
|  |  |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATIO   | ON MISSION:                                  |
| ENTERTAIN.   |  |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 2:  |  |
| JEFFEREY B. SCHEER IS WCNY'S CORPORATE ATTORNEY AS WE  | LL AS CHAIRPERSON OF                         |
| THE BOARD.   |  |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 6:  |  |
| THE ORGANIZATION HAS MEMBERS THAT SUPPORT THE ORGANIZATION FORGANIZATION | ATION.                                       |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 7A:   |  |
| THE ORGANIZATION HAS A BOARD OF TRUSTEES WHICH ELECTS  | NEW MEMBERS AND CAN                          |
| REMOVE MEMBERS.  |  |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 7B:   |  |
| DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROV  | AL BY THE TRUSTEES.                          |
|  |  |
| FORM 990, PART VI, SECTION B, LINE 11B:  |  |
| A COPY OF THE FORM 990 WAS PROVIDED TO THE PRESIDENT   | AND DIRECTOR, BUSINESS                       |
| OPERATIONS BEFORE IT WAS FILED TO CHECK FOR COMPLETEN  | ESS AND ACCURACY.                            |
|  |  |

| Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY,<br>INC. | Employer identification number 16-0876277 |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C:                                  |   |
| THE CFO MONITORS THE POLICY AND MAKES SURE IT IS COMPLIE                 | D WITH.                                   |
|  |   |
| FORM 990, PART VI, SECTION B, LINE 15:                                   |   |
| CEO COMPENSATION IS THE RESPONSIBILITY OF THE BOARD OF THE               | RUSTEES. THE BOARD                        |
| OF TRUSTEES PERIODICALLY REVIEWS THE COMPENSATION LEVEL,                 | EVALUATES                                 |
| PERFORMANCE AND VOTES ON COMPENSATION CHANGES. ALL OTHER                 | EMPLOYEES ARE PART                        |
| OF THE ANNUAL REVIEW PROCESS AND ARE REVIEWED AT THAT TI                 | ME.                                       |
| FORM 990, PART VI, SECTION C, LINE 19:                                   |   |
| AVAILABLE UPON REQUEST.  |   |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS                 | ES:                                       |
| TELEPHONE & INTERNET:  |   |
| PROGRAM SERVICE EXPENSES   | 116,258.                                  |
| MANAGEMENT AND GENERAL EXPENSES  | 12,004.                                   |
| FUNDRAISING EXPENSES   | 0.  |
| TOTAL EXPENSES   | 128,262.                                  |
| LEASE EXPENSE:   |   |
| PROGRAM SERVICE EXPENSES   | 120,530.                                  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.  |
| FUNDRAISING EXPENSES   | 0.  |
| TOTAL EXPENSES   | 120,530.                                  |
| PRINTING EXPENSES:   |   |
| PROGRAM SERVICE EXPENSES   | 95,203.                                   |
| MANAGEMENT AND GENERAL EXPENSES  | 3 , 6 6 7 .<br>Schedule O (Form 990) 202  |
| 39<br>40515 781828 TPBC 2021.05080 THE PUBLIC                            | BROADCASTING C TPBC_                      |

| Schedule O (Form 990) 2021 Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY, INC. | Page 2<br>Employer identification number<br>16-0876277 |
|--|--|
| FUNDRAISING EXPENSES   | 1,889.   |
| TOTAL EXPENSES   | 100,759.   |
| INSURANCE:   |  |
| PROGRAM SERVICE EXPENSES   | 87,105.  |
| MANAGEMENT AND GENERAL EXPENSES  | 9,290.   |
| FUNDRAISING EXPENSES   | 0.   |
| TOTAL EXPENSES   | 96,395.  |
| EVENTS - VENUE & FOOD:   |  |
| PROGRAM SERVICE EXPENSES   | 55,691.  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.   |
| FUNDRAISING EXPENSES   | 10,140.  |
| TOTAL EXPENSES   | 65,831.  |
| PROGRAM ACQUISITION COSTS:   |  |
| PROGRAM SERVICE EXPENSES   | 62,934.  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.   |
| FUNDRAISING EXPENSES   | 0.   |
| TOTAL EXPENSES   | 62,934.  |
| STAFF & VOLUNTEER EXPENSES:  |  |
| PROGRAM SERVICE EXPENSES   | 55,354.  |
| MANAGEMENT AND GENERAL EXPENSES  | 6,313.   |
| FUNDRAISING EXPENSES   | 1,122.   |
| TOTAL EXPENSES   | 62,789.  |

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| Schedule O (Form 990) 2021 Name of the organization THE PUBLIC BROADCASTING COUNCIL OF CNY, INC. | Page :<br>Employer identification number<br>16-0876277 |
|--|--|
| PROGRAM SERVICE EXPENSES   | 60,000.  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.   |
| FUNDRAISING EXPENSES   | 0.   |
| TOTAL EXPENSES   | 60,000.  |
| CREDIT CARD CHARGES & BAD DEBT EXPENSE:  |  |
| PROGRAM SERVICE EXPENSES   | 0.   |
| MANAGEMENT AND GENERAL EXPENSES  | 0.   |
| FUNDRAISING EXPENSES   | 56,765.  |
| TOTAL EXPENSES   | 56,765.  |
| SOFTWARE FEES & MAINTENANCE:   |  |
| PROGRAM SERVICE EXPENSES   | 34,125.  |
| MANAGEMENT AND GENERAL EXPENSES  | 17,889.  |
| FUNDRAISING EXPENSES   | 1,500.   |
| TOTAL EXPENSES   | 53,514.  |
| PRODUCTION EXPENSES:   |  |
| PROGRAM SERVICE EXPENSES   | 43,256.  |
| MANAGEMENT AND GENERAL EXPENSES  | 0.   |
| FUNDRAISING EXPENSES   | 0.   |
| TOTAL EXPENSES   | 43,256.  |
| HUMAN RESOURCES EXPENSES:  |  |
| PROGRAM SERVICE EXPENSES   | 0.   |
| MANAGEMENT AND GENERAL EXPENSES  | 28,839.  |
| FUNDRAISING EXPENSES   | 0.   |
| TOTAL EXPENSES   | 28 , 839 .<br>Schedule O (Form 990) 202 <sup>.</sup>   |
| 41<br>40515 781828 TPBC 2021.05080 THE PUBLIC  | BROADCASTING C TPBC                                    |

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2021.05080 THE PUBLIC BROADCASTING C TPBC\_\_\_1

| Schedule O (Form 990) 202 | 21  |   |              |         |    |      | Page <b>2</b>                  |
|---------------------------|-----|---|--------------|---------|----|------|--------------------------------|
| Name of the organization  |     |   | BROADCASTING | COUNCIL | OF | CNY, | Employer identification number |
|                           | INC | • |              |         |    |      | 16-0876277                     |

| PREMIUMS:  |          |
|--|----------|
| PROGRAM SERVICE EXPENSES                                   | 0.       |
| MANAGEMENT AND GENERAL EXPENSES                            | 0.       |
| FUNDRAISING EXPENSES                                       | 2,666.   |
| TOTAL EXPENSES   | 2,666.   |
|  |          |
| DIRECT MAIL, POSTAGE & SHIPPING:                           |          |
| PROGRAM SERVICE EXPENSES                                   | 10,653.  |
| MANAGEMENT AND GENERAL EXPENSES                            | 2,581.   |
| FUNDRAISING EXPENSES                                       | -65,172. |
| TOTAL EXPENSES   | -51,938. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 830,602. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:          |          |

CHANGE IN INVESTMENT IN CENTRALCAST, LLC

70,462.

PART XII LINE 2C

THE FINANCE COMMITTEE VOTES ON THE SELECTION OF THE INDEPENDENT

ACCOUNTANT AND ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THE

PRESIDENT AND CFO BRING INFORMATION AND UPDATES TO THE FINANCE

COMMITTEE. THE FINANCE COMMITTEE IS COMPRISED OF THE TREASURER AND

OTHER TRUSTEES, AND MEETS MONTHLY.

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| SCHEDULE R<br>(Form 990) Com   | Related Organizations and Unrelated Partnerships         Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▲ Go to www.irs.gov/Form990 for instructions and the latest information. | ons and Unrelated Pa<br>ered "Yes" on Form 990, Part IV,<br>▶ Attach to Form 990.<br>990 for instructions and the late | rtnerships<br>line 33, 34, 35b, 3<br>st information. | <b>16, or 37.</b>                                  |   | OMB No. 1545-0047<br>2021<br>Open to Public<br>Inspection |
|--|--|--|--|--|---|---|
| ation THE PUBLIC<br>INC.   | BROADCASTING COUNCIL (   | OF CNY,  |  |  | Employer identificatio<br>16-0876277          | Employer identification number $1.6 - 0.876.277$          |
| Part I Identification of Disregarded Entities. Complete if the organization                      | ete if the organization answered "Yes"   | answered "Yes" on Form 990, Part IV, line 33.  |  |  |   |   |
| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity                    | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country)  | r Total income                                       | me End-of-year assets                              |   | (f)<br>Direct controlling<br>entity                       |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
| Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.   | cations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt  | answered "Yes" on Form 990   | ), Part IV, line 34,                                 | because it had one                                 | or more related tax-ex                        | empt  |
| (a)  | (q)  | (c)  | (p)  | (e)  | (J)   | (g)<br>Section 512(hV13)                                  |
| Name, address, and EIN<br>of related organization  | Primary activity   | Legal domicile (state or<br>foreign country)   | Exempt Code<br>section                               | Public charity<br>status (if section<br>501(c)(3)) | Direct controlling<br>entity                  | controlled<br>controlled<br>entity?                       |
| WCNY FOUNDATION, INC 45-0640767<br>415 W. FAYETTE ST.<br>SYRACUSE, NY 13204                      | PROVIDE FINANCIAL &<br>ADMINISTRATIVE ASSISTANCE<br>TO THE PUBLIC BROADCASTING   | NEW YORK   | 501(C)(3)  | 509(A)(3)<br>TYPE 1                                | THE PUBLIC<br>BROADCASTING<br>COUNCIL OF CNY, |   |
| JOINT MASTER CONTROL OPERATING CO., INC<br>45-2972739, 415 W. FAYETTE ST., SYRACUSE, NY<br>13204 | PROVIDE OPERATIONAL AND<br>TECHINCAL ASSISTANCE TO<br>THE PUBLIC BROADCASTING  | NEW YORK   | 501(C)(3)  | 509(A)(3)<br>TYPE 1                                | THE PUBLIC<br>BROADCASTING<br>COUNCIL OF CNY, | X   |
|  |  |  |  |  |   |   |
|  |  |  |  |  |   |   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.<br>SEE PART VII FOR CO    | he Instructions for Form 990.<br>PART VII FOR CONTINUATIONS  | - N  |  |  | Schedule                                      | Schedule R (Form 990) 2021                                |

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| Page 2   | (j) (k)<br>General or Percentage<br>managing ownership<br>Ves No   | e related  | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity?<br>Yes No | <br>                    |   | 990) 2021                  |  |  |
|--|--|--|---|-------------------------|---|----------------------------|--|--|
| 16-0876277<br>I one or more related  | (j)<br>Generation<br>Generation<br>(j)<br>(j)<br>(j)<br>(j)<br>(j)<br>(j)<br>(j)<br>(j)                                | d one or mor   | (h)<br>Percentage<br>ownership                                  |                         |   | Schedule R (Form 990) 2021 |  |  |
| COUNCIL OF CNY,<br>16-0876277<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | (i)<br>Code V-UBI<br>amoutin box<br>20 of Start 1065<br>K-1 (Form 1065)  | because it ha  | (g)<br>Share of<br>end-of-year<br>assets                        |                         |   | Schec                      |  |  |
| .34, because   | Disproportionate<br>allocations?<br>Yes No   | art IV, line 34,   |   |                         |   | -                          |  |  |
| ), Part IV, line   | (g)<br>Share of<br>end-of-year<br>assets   | Form 990, Pa   | y Share of total income   |                         |   |                            |  |  |
| " on Form 990  | Share of total income  | ered "Yes" on  | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust)          |                         |   |                            |  |  |
| nswered "Yes   |  | nization answ  | (d)<br>Direct controlling<br>entity                             |                         |   |                            |  |  |
| OF CNY,  | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514)<br>sections 512-514) | or Trust. Complete if the organ  | 1 1   |                         |   | 44                         |  |  |
| CIL C  |  |  | or Trust.   |                         | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) |                            |  |  |
| •  | (d)<br>Direct controlling<br>entity  |  |   |                         |   |                            |  |  |
| BROADCASTING<br>axable as a Partnership  | Legal domicile (state or foreign country)  |  |   | (b)<br>Primary activity |   |                            |  |  |
| PUBLIC BRO/<br>ganizations Taxable<br>trinership during the ti   | Primary activity   | anizations Taxable<br>poration or trust duri   | Zc  |                         |   |                            |  |  |
| THE<br>R (Form 990) 2021 INC •<br>Identification of Related Ori<br>organizations treated as a pa   | (a)<br>Name, address, and EIN<br>of related organization   | Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year. | (a)<br>Name, address, and EIN<br>of related organization        |                         |   | -17-21                     |  |  |
| Schedule<br>Part III   |  | Part IV  |   |                         |   | 132162 11-17-21            |  |  |

# THE PUBLIC BROADCASTING COUNCIL OF CNY, INC. Schedule R (Form 990) 2021

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

Schedule R (Form 990) 2021

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**(6)** 132163 11-17-21

| Prove the following information for each retry through which the organization conducted more than the percent of the activities (freesared by ford a schedule of consistences). For each measures for each retry measures of the activities (freesared by ford a schedule of consistences). For each measures (a measure of consistences)       Marce of a schedule of consistences of the activities (freesared by ford activity activities (freesared by ford activity activities (freesared by ford activity)         Name, activities of measure of the activity of activities (freesared by ford activity)       Demonstrations (free activity)       Demonstration (free activity)       Demonstration (free activity)       Demonstration (free activity)         Man, activity       Demonstration       Demonstratin the protenance       Demonstration       Demo   | THE FUBLIC<br>INC.<br>tions Taxable as a P | ТНЕ РОВЬІС ВКОАРСАЗТІЛО<br>R (Form 990) 2021 INC.<br>Unrelated Organizations Taxable as a Partnership. Complete if th  | COUNCIL                                  | COUNCLL OF CNY,<br>ie organization answered "Yes" on Form 990, Part IV, line 37. | s" on Form                     | 1 990, Part IV, line     | 37.                            |                                       | 16-0876277   | 16277                                    | Page 4                     |
|---|--|--|--|--|--------------------------------|--------------------------|--------------------------------|---------------------------------------|--|--|----------------------------|
| H     H     H       Image of the set of th | darunersnip<br>d as a parti<br>recarding e | Fart vi Omerated Organizations Laxable as a Farthership. Comprete in the Provide the following information for each entity taxed as a partnership through that was not a related organization. See instructions recarding exclusion for certifications and a related organization. | ine organi<br>h which th<br>ertain inves | teriori ariswered tes<br>le organization condu<br>stment partnerships.           |                                | e than five percent      | of its activities (me          | asured by                             | total assets or  | gross re                                 | (enue)                     |
| sections 512-5143         Ne   | (b)<br>Primary activity                    | c<br>Legal d<br>(state or  | <b>c)</b><br>tomicile<br>r foreign       |  | Are all<br>501(c)(3)<br>orgs.? | (f)<br>Share of<br>total | (g)<br>Share of<br>end-of-year | Dispropor-<br>tionate<br>allocations? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1 | (j)<br>General o<br>managing<br>partner? | (k)<br>Percenta<br>ownersh |
|   |  |  |  | sections 512-514)  | Yes No                         | 200                      | מסמניס                         | Yes No                                | (Form 1065)  | Yes No                                   |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |
|   |  |  |  |  |                                |                          |                                |                                       |  |  |                            |

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Schedule R (Form 990) 2021 INC .
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

WCNY FOUNDATION, INC.

PRIMARY ACTIVITY: PROVIDE FINANCIAL & ADMINISTRATIVE ASSISTANCE TO THE

PUBLIC BROADCASTING COU

DIRECT CONTROLLING ENTITY: THE PUBLIC BROADCASTING COUNCIL OF CNY, INC.

NAME OF RELATED ORGANIZATION:

JOINT MASTER CONTROL OPERATING CO., INC.

PRIMARY ACTIVITY: PROVIDE OPERATIONAL AND TECHINCAL ASSISTANCE TO THE

PUBLIC BROADCASTING COUN

DIRECT CONTROLLING ENTITY: THE PUBLIC BROADCASTING COUNCIL OF CNY, INC.

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Schedule R (Form 990) 2021 47 2021.05080 THE PUBLIC BROADCASTING C TPBC\_\_\_\_1 (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

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

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

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

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

| Type or<br>print  | THE PUBLIC BROADCASTING COUNCIL OF CNY,<br>INC. 16-0876277   |  |  |                           |   |                    |  |  |
|---|--|--|--|---------------------------|---|--------------------|--|--|
| File by the<br>due date for<br>filing your<br>return. See | Number, street, and room or suite no. If a P.O. box,<br><b>415</b> W. FAYETTE ST.  | see instruct   | ions.  |                           |   |                    |  |  |
| instruction   |  | foreign add  | ress, see instructions.  |                           |   |                    |  |  |
| Enter th  | e Return Code for the return that this application is for (f   | ile a separa   | te application for each return)  |                           |   | 01                 |  |  |
| Applica   | tion   | Return   | Application  |                           |   | Return             |  |  |
| ls For  |  | Code   | Is For   |                           |   | Code               |  |  |
| Form 99   | 00 or Form 990-EZ  | 01   | Form 1041-A  |                           |   | 08                 |  |  |
| Form 47   | 720 (individual)   | 03   | Form 4720 (other than individual)  |                           |   | 09                 |  |  |
| Form 99   | 90-PF  | 04   | Form 5227  |                           |   | 10                 |  |  |
| Form 99   | 90-T (sec. 401(a) or 408(a) trust)   | 05   | Form 6069  |                           |   | 11                 |  |  |
| Form 99   | 00-T (trust other than above)  | 06   | Form 8870  |                           |   | 12                 |  |  |
| Form 990-T (corporation) 07 SUDHA KAILAR                  |  |  |  |                           |   |                    |  |  |
| ● If the<br>● If this<br>box ▶<br>1 In<br>th<br>₽<br>2 If | bohone No. ► <u>315-453-2424</u><br>e organization does not have an office or place of business<br>is for a Group Return, enter the organization's four digit<br>. If it is for part of the group, check this box ► _<br>request an automatic 6-month extension of time until<br>the organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization and above. The extension is for the organization and above. The extension is for the organization for the organization named above. The extension is for the organization and above. The extension are above are above are above above are | t Group Exe<br>and atta<br>MA<br>ganization's<br>, an<br>check rease | mption Number (GEN) I<br><u>ch a list with the names and TINs of</u><br><u>Y 15, 2023</u> , to file<br>return for:<br>d ending <u>JUN 30, 2022</u><br>on: Initial return | f this is fo<br>all membe | r the whole<br>ers the extern<br>upt organiza | group, check this  |  |  |
|   | this application is for Forms 990-PF, 990-T, 4720, or 606<br>ny nonrefundable credits. See instructions.   | 9, enter the   | tentative tax, less  | 3a                        | \$  | 0.                 |  |  |
|   | this application is for Forms 990-PF, 990-T, 4720, or 606<br>stimated tax payments made. Include any prior year over   |  |  | 3b                        | \$  | 0.                 |  |  |
|   | alance due. Subtract line 3b from line 3a. Include your p  |  |  |                           | - <del>T</del>                                |                    |  |  |
|   | sing EFTPS (Electronic Federal Tax Payment System). Se   |  |  | 3c                        | \$  | 0.                 |  |  |
| Cautior<br>instruct                                       | : If you are going to make an electronic funds withdrawa   |  |  | 153-TE and                | d Form 8879                                   |                    |  |  |
| LHA   | For Privacy Act and Paperwork Reduction Act Notice   | e, see instru  | ictions.   |                           | Form  | 8868 (Rev. 1-2022) |  |  |

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