DLN: 93493220005270 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organizatio WQED MULTIMEDIA D Employer identification number B Check if applicable □ Address change 25-1010296 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 4802 FIFTH AVENUE ☐ Application pending (412) 622-1300 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA $\,$ 15213 G Gross receipts \$ 14,350,235 Name and address of principal officer $\mathbf{H}(\mathbf{a})$ Is this a group return for DEBORAH ACKLIN □Yes ☑No subordinates? 4802 FIFTH AVENUE H(b) Are all subordinates PITTSBURGH, PA 15213 ☐ Yes ☐No included? Tax-exempt status □ 527 **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WQED ORG L Year of formation 1953 M State of legal domicile PA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities WQED MULTIMEDIA (WQED) IS A NONPROFIT CORPORATION WHOSE PURPOSE IS TO HARNESS THE POWER OF PUBLIC MEDIA AND PARTNERSHIPS FOR THE DIGITAL AGE IN ORDER TO CREATE AND SHARE OUTSTANDING PUBLIC MEDIA THAT EDUCATES, ENTERTAINS Activities & Governance AND INSPIRES Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 116 **6** Total number of volunteers (estimate if necessary) . . . 6 36 Total unrelated business revenue from Part VIII, column (C), line 12 7a 131,885 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,325,325 8,169,813 Program service revenue (Part VIII, line 2g) . 2,190,840 2,163,516 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 766,177 1,388,711 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,541,314 1,526,092 12,446,190 12,625,598 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,965,235 5,613,997 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 676,267 821,590 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶2,245,891 5,725,879 5,990,231 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 11,367,381 12,425,818 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 199,780 19 Revenue less expenses Subtract line 18 from line 12 . 1,078,809 Assets or displaying **End of Year Beginning of Current Year** 20,914,512 20 Total assets (Part X, line 16) . 21,696,161 21 Total liabilities (Part X, line 26) 1,754,293 1,978,067 Net assets or fund balances Subtract line 21 from line 20 19,718,094 19,160,219 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-05 Signature of officer Date Sign Here DEBORAH ACKLIN PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature PTIN P00341397 Check \Box if Paid self-employed Firm's name ► SCHNEIDER DOWNS & CO INC Firm's EIN > 25-1408703 Preparer Use Only Firm's address ► ONE PPG PLACE SUITE 1700 Phone no (412) 261-3644 PITTSBURGH, PA 15222 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	rt III Stateme	ent of Program Service	e Accomplis	hments		
	Check if S	Schedule O contains a respo	nse or note to a	any line in this Part III .		🗹
1		he organization's mission				
					ARNESS THE POWER OF PUBLIC ME THAT EDUCATES, ENTERTAINS AN	
2	Did the organizat	tion undertake any significal	nt program serv	vices during the year wh	nich were not listed on	
	the prior Form 99	90 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sch	edule O			
3	Did the organizat	tion cease conducting, or m	ake significant i	changes in how it condu	cts, any program	
		these changes on Schedule				☐ Yes 🗹 No
4	Describe the orga Section 501(c)(3	anızatıon's program service	accomplishmer ns are required	to report the amount of	largest program services, as measi f grants and allocations to others, t	
4a	(Code) (Expenses \$	8,829,647	including grants of \$) (Revenue \$	2,189,090)
	See Additional Data		-,,		, (+	_,,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program s	ervices (Describe in Schedu	le O)			
	(Expenses \$	ınclı	ıdıng grants of	\$) (Revenue \$)
4e	Total program	service expenses ▶	8,829,6	47		

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	990 (2018)			Page 3
Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 2	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes

Nο

Nο

Nο

No

No

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Part V

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Pai	Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes Yes	No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.	20	Yes	

All Form 990 filers are required to complete Schedule O

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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1a

1b

Yes

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No

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

No

No

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Page 6

.VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" resp	onse to	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		_
	Check if Schedule O contains a response or note to any line in this Part VI		✓
tion	A. Governing Body and Management		
		Vec	N

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI			✓				
Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	- Code	٠)					
	, , , , , , , , , , , , , , , , , , , ,		·· <i>)</i>					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No No				
b	Did the organization have local chapters, branches, or affiliates?							
b	Did the organization have local chapters, branches, or affiliates?	10a						
b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes					
b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes					
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes					
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes					
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes					
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes					
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes					
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No				
b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No				

U	Other officers of key
	If "Yes" to line 15a
16a	Did the organization
	taxable entity during

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records MIKE WARUSZEWSKI 4802 FIFTH AVENUE PITTSBURGH, PA 15213 (412) 622-1503

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Form **990** (2018)

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

1b Sub-Total						>				
c Total from continuation sheets to Pa	art VII , Section	Α				▶				
d Total (add lines 1b and 1c)						▶		911,928	0	111,615
2 Total number of individuals (including	but not limited	to thes	a list	-d -l	hove) who	rece	awed more than \$10	20,000	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	maridan	4	Yes	l
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

	L							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							
Se	Section B. Independent Contractors							
1	. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A) (B)							

, , , , , , , , , , , , , , , , , , , ,		No				
ection B. Independent Contractors						
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
(A) Name and business address	(B) Description of services	(C) Compensation				
	services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B)				

	services rendered to the organization in Tes, complete schedule 5 for such person .		5	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the organization.		pensa	ition
	(A) Name and business address	(B) Description of services		(C) Compensation
WGBI	H EDUCATIONAL FOUNDATION	MEMBERSHIP DATA SYSTEM		676,267

Name and business address	Description of services	Compensation
WGBH EDUCATIONAL FOUNDATION	MEMBERSHIP DATA SYSTEM	676,267
ONE GUEST STREET BOSTON, MA 02135		
FOREST INCENTIVES	PLEDGE PREMIUMS IN HOUSE	393,140

ONE GUEST STREET BOSTON, MA 02135		
FOREST INCENTIVES	PLEDGE PREMIUMS IN HOUSE	393,14
790 JACKSONVILLE RD WARMINSTER, PA 18794		

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 2

Part	VII		Statement of											
			Check if Schedul	e O contains a	a respo	onse or no	te to any	(this Part VIII (A) revenue	Rel e: fu	(B) lated or xempt inction	(C) Unrelate busines revenue	ed s	(D) Revenue excluded from tax under sections
	1	a F	ederated campaigi	ns	1a					re	venue			512 - 514
nts ints			Membership dues		1b		,773,255							
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1c									
IS, (Related organizatio		1d									
ila Ila		e (Government grants (co	ontributions)	1e	3,	,376,997							
ns, Sim			All other contributions,											
utio er (and similar amounts no above	ot included	1f		19,561							
e ii O			Noncash contributio	ns included										
No.			n lines 1a - 1f \$ 「otal. Add lines 1a-	.1f			•							
9			otan / rad mies 14			· · ·	Business	Code	8,169,813	T				
RUE	2:	a UN	NDERWRITING REVEN	JE			Dusiness		2,1	.62,766	2,162	2,766		
Program Service Revenue		_	JXILIARY REVENUE					515100		750		750		
Se H		_						900099						
ervi	•	_			_									
E S	•	-												
ogra	f	: Al	l other program se	rvice revenue										
ď	g	To	tal. Add lines 2a-2	f		>	2,1	.63,516						
			estment income (ii			interest, a	nd other		355,34	4				355,344
			ilar amounts) . ome from investme			and proces	•ds ►	-		1				333,344
			11		•		• • • • • • • • • • • • • • • • • • •	 	88,97	5				88,975
				(ı) Real		(п) Ре	rsonal							
	6	a Gr	ross rents	1 4	11,543									
	ı	b Le	ess rental expenses	1,1	0			1						
		- D	ental income or	1.4	11,543			-						
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		oss)	1,7	11,545									
	•	d N	let rental income of				•]	1,411,54	3			131,885	1,279,658
	7:	s Gr	oss amount	(ı) Securit	ies	(11) C	Other	-						
	,	fro	om sales of sets other	1,1	97,458		927,350							
		tha	an inventory											
	ı		ess cost or ther basis and	4	19,967		1,294,008	3						
			ales expenses iaın or (loss)		77,491		-366,658	_						
			let gain or (loss) .		•		<u> </u>	1	410,83	3				410,833
	88		ross income from fu				-							
Other Revenue		со	ntributions reporte	d on line 1c)	of									
e∧e			ee Part IV, line 18					1						
r R			ess direct expense: et income or (loss)		b Ind ev	ents		_						
the			ross income from g				• •	1						
0		Se	ee Part IV, line 19			}								
	ı	b∣e	ess direct expenses	5	a b			1						
			et income or (loss)			les	•	_						
	10		ross sales of invent turns and allowand											
		16	turris and anoward	es	a		36,236							
	ı	b Le	ess cost of goods s	old	b		10,662	1						
	Ĭ	c Ne	et income or (loss)		ınvent				25,57	4	25,574			
	1.	1a	Miscellaneous	Revenue		Busines	ss Code	-						
	•	_d												
		ь—						1						
		-												
		_ c						1						
		•												
		d Al	l other revenue .					+						
			otal. Add lines 11a			٠	>							
	12	2 Tc	otal revenue. See	Instructions					40.605 ==		2.400 ===		104 0	6.461.511
									12,625,59	8	2,189,090		131,885	2,134,810 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	ali athan ann		slata asluman (A)	
	,	inizations must comp	nete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	463,324		463,324	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,011,832	3,286,480	209,543	515,809
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	195,103	76,510	60,906	57,687
9 Other employee benefits	571,108	248,576	115,092	207,440
10 Payroll taxes	372,630	183,180	64,837	124,613
11 Fees for services (non-employees)				
a Management				
b Legal	121,453	100,807	20,646	
c Accounting	39,856	26,474	13,382	
d Lobbying	35,052			35,052
e Professional fundraising services See Part IV, line 17	821,590			821,590
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,799		21,799	
12 Advertising and promotion	294,286	247,017	41,525	5,744
13 Office expenses	1,034,355	808,952	8,949	216,454
14 Information technology	219 414	118 136	20.873	80 405

560,931

207,414

708,323

1,686,395

479,011

64,708

517,234

12,425,818

466,231

168,161

708,323

1,671,620

362,441

39,045

317,694

8,829,647

94,700

27,009

96,538

7,336

83,821

1,350,280

12,244

14,775

20,032

18,327

115,719

2,245,891

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15 Royalties .

20 Interest .

23 Insurance .

d

21 Payments to affiliates . . .

expenses on Schedule O)

a PROGRAM ACQUISITION

c STORY, MUSIC & TALENT

e All other expenses

b EQUIPMENT RENTAL & MAIN

22 Depreciation, depletion, and amortization .

17 Travel .

16 Occupancy .

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

Forn	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			63,683	1	153,985
	2	Savings and temporary cash investments .		[1,547,260	2	1,035,847
	3	Pledges and grants receivable, net			1,907,958	3	2,321,676
	4	Accounts receivable, net			217,952	4	276,490
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensations Part II of Schedule L	ated emp	oloyees Complete sons (as defined under		5	
ţ	7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	ations of (see inst	section 501(c)(9) tructions) Complete		7	
ssets	8	Inventories for sale or use		-			
AS	9	Prepaid expenses and deferred charges		·	124,839	9	175.058
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	25,732,315	12 1,000		170,000
	ь	Less accumulated depreciation	10b	20,696,309	4,971,341	10 c	5,036,006
	11	Investments—publicly traded securities .			12,863,128	11	11,915,450
	12	Investments—other securities See Part IV, line	–		12		
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		-		15	
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne 3	4)	21,696,161	16	20,914,512
	17	Accounts payable and accrued expenses			1,691,976	17	1,510,201
	18	Grants payable				18	
	19	Deferred revenue			286,091	19	244,092
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ge		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities.Add lines 17 through 25	•		1,978,067	26	1,754,293
ses		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33	58), che				
<u> a</u>	27	Unrestricted net assets			8,947,389	27	8,814,508
Ba	28	Temporarily restricted net assets			5,535,707	28	5,110,713
Fund Balance	29	Permanently restricted net assets			5,234,998	29	5,234,998
		Organizations that do not follow SFAS 117					
ō	30	check here ► ☐ and complete lines 30 th Capital stock or trust principal, or current funds	rough 3	34.		30	
ets	31	Paid-in or capital surplus, or land, building or ed				31	
Assets	32	Retained earnings, endowment, accumulated in		<u> </u>		32	
	33	Total net assets or fund balances		<u> </u>	19,718,094	33	19,160,219
Net	33	Total net assets of fund palatices			19,710,094		19,100,219

34

Total liabilities and net assets/fund balances

21,696,161

34

20,914,512 Form **990** (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

EIN: 25-1010296 Name: WQED MULTIMEDIA

Software ID:

Form 990 (2018)

Form 990, Part III, Line 4a: PROGRAM SERVICE ACCOMPLISHMENTS- SEE SCHEDULE O

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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MARY ANN DUNHAM

CHRISTINE FULTON

DIRECTOR

DIRECTOR

JOY EVANS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOE MANICH

JOSH KNAUER

	any nours		a dir	recto		ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GEORGIA BERNER	1 00	X						0	0	0	
DIRECTOR		^							9		
MARCELA BOHM-VELEZ	1 00	×						0	0	0	
DIRECTOR		^						0	0		
DEBRA L CAPLAN	1 00								0		
DIRECTOR		×						0	0	0	
	1.00								·		

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MARCELA BOHM-VELEZ	1 00	,			_	
DIRECTOR		, x			0	
DEBRA L CAPLAN	1 00	×			0	
DIRECTOR		^			0	
DOROTHY DAVIS	1 00				0	
DIRECTOR		_ ^			J J	
LISA DONOVAN	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	recto	r/trد	ustee))	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Former Highest compensated emptoxee Key employee	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
JASON LANGE DIRECTOR	1 00	×						0	0	0	
ROBERT MCCUTCHEON DIRECTOR	1 00	х						0	0	0	
W THOMAS MCGOUGH JR	1 00	×						0	0	0	

JASON LANGE	1 00	V				
DIRECTOR		^				
ROBERT MCCUTCHEON	1 00	×			0	
DIRECTOR		*				
W THOMAS MCGOUGH JR	1 00	×			0	
DIRECTOR		,,				
ROBERT MCNALLY	1 00					

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and Independent Contractors

MAX MILLER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CONOR PLATT

FRANCES STEWART

CARL MOULTON

CASSANDRA PAN

......

GAIL NOVAK MOSITES

ROBERT MCCUTCHEON	1 00	×			0	
DIRECTOR					,	
W THOMAS MCGOUGH JR DIRECTOR	1 00	Х			0	
ROBERT MCNALLY DIRECTOR	1 00	X			0	

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

(W-2/1099-

316,339

81,949

146,263

(W- 2/1099-

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23,031

32,399

19,410

organization and

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50 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	ndividual trustee or director	Institutional Trustee	Affice:	ey employee	highest compensated	ormer .	MISC)	MISC)	related organizations
DAVID THUMA DIRECTOR	1 00	×						0	0	0
LOURDES SANCHEZ RIDGE DIRECTOR	1 00	×						0	0	0
JONATHAN ROSENSON DIRECTOR	1 00	×						0	0	0
CAROLINE WEST DIRECTOR	1 00	×						0	0	0
MILDRED S MYERS CHAIR	1 00	×		×				0	0	0
JAMES SINGER	1 00	×		х				0	0	0

VICE CHAIR AND SECRETARY

NANCY BROMALL BARRY

DEBORAH L ACKLIN

PRESIDENT AND CEO

MIKE WARUSZEWSKI

FINANCE DIRECTOR

LILLI MOSCO

VP MEMBERSHIP

.......... VICE CHAIR AND TREASURER

and Independent Contractors

and Independent Contractors (A) Name and Title

RICHARD SEBAK

PAUL BYERS

EXECUTIVE PRODUCER

ENGINEERING CHIEF

VP PRODUCTION

DARRYL FORD-WILLIAMS

week (list any hours for related organizations below dotted line)
40 00
50 00
 •••••

(B)

Average hours per

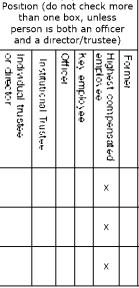
ļ	oe ar
or director	individual frueige

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50 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

ł	ore						
	er)						
	Former						

compens from to organiza (W- 2/1 MISC	the ation 099-
	105,608
	111,944
	149,825

(D)

Reportable

fro org	m i jani 7- 2	rela	ons

(E)

Reportable

(F)

Estimated

amount of other

compensation

from the

organization and related

organizations

17,670

8,849

10,256

efil	e GR	APHIC prii	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493220005270
	m 99	OULE A	Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
•		f the Treasury		► Go to	www.irs.gov/Form			•	Open to Public Inspection
lam:	e of tl	nie Service he organiza IMEDIA	tion					Employer identific	cation number
					(41)			25-1010296	
	r t I rganiz				us (All organization e it is (For lines 1 thro			See instructions.	
1	. ga <u>.</u>		•		ssociation of churches	•		(A)(i).	
2		,		·	1)(A)(ii). (Attach Sch			()(-)-	
3					vice organization desc	,	,,	iii)	
4		·	·	·	ed in conjunction with			•	inter the hospital's
•	ш	name, city,			ed in conjunction with	a nospital deseri	Dea iii Section .		inter the hospitars
5		-	ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in section 170
6				•	governmental unit de	escribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓	section 17	/0(b)(1)(A)(ч	√i). (Complete				nit or from the gener	al public described in
8		A communi	ty trust descri	bed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a
.0		from activit	ties related to : income and u	its exempt fur nrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1	П				d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2		more public	cly supported o	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting org	anızatıon oper r to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme		orting organiz	pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) You must com				ated with, its
d		Type III n	on-functiona integrated T	i lly integrate he organizatio	 d. A supporting organ n generally must satis rt IV, Sections A and 	Ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
e		Check this	box if the orga	inization recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III no of supported	·	integrated supporting	organization			
g				_	upported organization(s)			
	(i) Name of supported (ii) EIN organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
ota			+						
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	90 or 990-EZ) 2018

Part II

Page 2

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	8,243,477	7,098,077	7,049,619	7,325,330	8,169,813	37,886,316
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,243,477	7,098,077	7,049,619	7,325,330	8,169,813	37,886,316
5	The portion of total contributions by each person (other than a						

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,243,477	7,098,077	7,049,619	7,325,330	8,169,813	37,886,316
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						37,886,316
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	8,243,477	7,098,077	7,049,619	7,325,330	8,169,813	37,886,316
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,623,807	1,888,545	1,726,527	1,652,974	1,723,977	8,615,830
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI)						

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	8,243,477	7,098,077	7,049,619	7,325,330	8,169,813	37,886,316
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,623,807	1,888,545	1,726,527	1,652,974	1,723,977	8,615,830
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						46,502,146
12	Gross receipts from related activities,	etc (see instruction	ons)			12	9,242,850

13 14 15 16

12	diosa receipts from related activities, etc. (see instructions)	12	9,242,850
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 501(c)(3) orga	nization,
	check this box and stop here	<u> ▶ □</u>	
S	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81 470 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	81 980 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore, check this b	ox
b	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3	% or more, check	▶ ✓ this
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, as 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicle	e. Explain	▶□
b	organization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as	here.	▶ □
			□

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	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	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	
		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 in (2), 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		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	2~		
	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? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	з				
4	Cash deemed held for exempt use Enter 1-1/2% 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 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 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
				1		

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 25-1010296

Name: WQED MULTIMEDIA

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See

instructions) Facts And Circumstances Test

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493220005270

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		t have filed Form 5768 (election under t have NOT filed Form 5768 (election u			
If the	organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Ta			
	ky Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz				
Nar	ne of the organization	editorio Complete i dit ili		Employer ide	entification number
WQI	ED MULTIMEDĪA			25-1010296	
Par	t I-A Complete if the organ	nization is exempt under secti	on 501(c) or is		nization.
1		ization's direct and indirect political ca			
-	"political campaign activities")	nzacion s un ecc and munect pondicar ca	impaign activities in	rait IV (see instructions	s for definition of
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	<u> </u>			
Par	t I=B Complete if the organ	nization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise ta	ex incurred by the organization under s	section 4955	>	\$
2	Enter the amount of any excise ta	ex incurred by organization managers i	under section 4955	>	\$
3	If the organization incurred a sect	cion 4955 tax, did it file Form 4720 for	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
Ь	If "Yes," describe in Part IV				
Par	I-C Complete if the organ	nization is exempt under secti	on 501(c), exce	ept section 501(c)(3	3).
1	Enter the amount directly expend	ed by the filing organization for section	n 527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly delive see (PAC) If additional space is needed	nount paid from the red to a separate p	filing organization's func olitical organization, such	ls Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2018

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

(b)

(a)

Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Νo Media advertisements? Νo Mailings to members, legislators, or the public? Nο d Publications, or published or broadcast statements? Nο Nο Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Yes 35,052 Total Add lines 1c through 1i 35,052 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

5 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information

Part IV

expenditure next year?

5

PART II-B

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Return Reference

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

THE ORGANIZATION ENGAGES AN INDEPENDENT LOBBYING CONSULTANT TO PERFORM ITS LOBBYING

Explanation

ACTIVITIES THE TOTAL FUNDS EXPENDED FOR THESE ACTIVITIES REPRESENTED LESS THAN 1% OF THE ORGANIZATION'S TOTAL EXEMPT PURPOSE EXPENDITURES FOR THE YEAR

4

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE D Supplemental Fina

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

DLN: 93493220005270OMB No 1545-0047

2018

Open to Public
Inspection
Employer identification number

WQ	ED MULTIMEDIA				25-1	1010296
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or O	ther	Similar Funds o		
	Complete if the organization answered "Ye			•		
		(a) Dono	r advi	sed funds		(b)Funds and other accounts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ac	dvised	funds are the
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt III Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on Fori	m 990	
L	Purpose(s) of conservation easements held by the organ	-				
	Preservation of land for public use (e g , recreation	n or education)		Preservation of ar	histor	rically important land area
	☐ Protection of natural habitat	,	\Box			d historic structure
			_	r reservation or a	cerune	a matoric structure
	☐ Preservation of open space	16.1				<u>.</u>
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	tion co	ntribution in the fo	rm of a	a conservation Held at the End of the Year
а	Total number of conservation easements				2a	neid at the Elid of the Year
ь	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified historic	c structure include	d ın (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	•	2d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	uished	d, or terminated by	the or	ganization during the
1	Number of states where property subject to conservation	on easement is loca	ted ►			_
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor s?	ing, ir	spection, handling	of viola	ations, 🔲 Yes 🔲 No
5	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of v	iolatio	ns, and enforcing c	onserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ons, a	nd enforcing conser	vation	easements during the year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$?	above satisfy the	require	ements of section 1	.70(h)(4)(B)(ı) ☐ Yes ☐ No
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or	s ın ıt: ganıza	revenue and expe tion's financial stat	ense sta ements	atement, and s that describes
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			ner Si	milar Assets.
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	.6 (ASC 958), not t public exhibition, e	o repo	rt in its revenue st ion, or research in		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	.6 (ASC 958), to re	port ır	ıts revenue staten		
(i) Revenue included on Form 990, Part VIII, line 1					> \$
	i)Assets included in Form 990, Part X					·
() -		eal transcripts		milan accets for for-	- ا - بمص	rain provide the
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ancial g	gain, provide the
а	Revenue included on Form 990, Part VIII, line 1					► \$
h	Assets included in Form 990, Part X					▶ \$

Cat No 52283D

Schedule D (Form 990) 2018

Part	1111	Organizations Ma	aintaining Colle	ections o	f Art, Hi	stori	cal Tı	reası	ures, or	Other 9	Similar As	ssets (co	ntinued,)
3		g the organization's acq s (check all that apply)	uisition, accession,	, and other	records, c	check a	any of	the fo	ollowing th	nat are a	sıgnıfıcant ı	ise of its	collection	ו
а		Public exhibition				d		Loan	or excha	nge prog	rams			
Ь		Scholarly research				е		Othe	er					
С		Preservation for future	e generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ng the year, did the organs s to be sold to raise fur									ılar	☐ Yes		No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	n 990	, Part	IV, I	ine 9, or	reporte	d an amou	int on Fo	orm 990), Part
1a		e organization an agent ded on Form 990, Part)		n or other ı	intermedia	ary for	contril	butior	ns or othe	r assets r	not	☐ Yes		No
b	If "Y∈	es," explain the arrange	ement in Part XIII a	and comple	te the foll	owing	table		Γ		A	mount		
c	Begir	nning balance		·		_				1c				_
d	Addıt	ions during the year								1d				_
e	Dıstrı	butions during the year	r							1e				
f	Endın	ng balance								1f				
2a	Did tl	he organization include	an amount on For	m 990. Par	t X. line 2:	1. for	escrow	or cu	- ustodial ad	count lia	bility?	☐ Yes		No.
		es," explain the arrange										_	_	
	rt V	Endowment Fund							-					
				(a)Current			or year		(c) Two ye		(d)Three yea		e) Four ye	ears back
1 a	Beginn	ning of year balance .	[9,	,499,551		9,119	,819	(5,654,887	6,	482,661		6,939,879
b	Contrib	butions								1,917,625				
c	Net inv	vestment earnings, gair	ns, and losses		133,187		584	1,400		830,558		483,846		-174,013
d	Grants	or scholarships	. [
		expenditures for facilitie	es		227,373		204	1,668		283,251		311,620		283,205
f	Admını	istrative expenses .	[
g	End of	year balance	[9,	,405,365		9,499	,551	•	9,119,819	6,	654,887		6,482,661
2	Provi	de the estimated percei	ntage of the currer	nt year end	balance (line 1g	g, colui	mn (a	ı)) held as	;				
а	Board	d designated or quasi-e	ndowment ► 3	32 720 %										
b	Perm	anent endowment 🕨	55 660 %											
С	Temp	porarily restricted endov	wment ► 11 62	20 %										
	The p	percentages on lines 2a	, 2b, and 2c should	d equal 100)%									
3a		here endowment funds	not in the possess	ion of the c	organizatio	on that	are h	eld ar	nd adminis	stered for	the			
	-	nization by nrelated organizations					_	_				3a(Yes	No No
	• •	related organizations .			•	• •	•		• •			3a(No
b		es" on 3a(II), are the rel						? .				31		
4		ribe in Part XIII the inte											I	
Par	t VI	Land, Buildings, Complete if the org			on Form	n <u>9</u> 90	, Part	IV,	ıne 11a.	See For	m 990, Pa	rt X, lıne	10.	
	Descri	iption of property	(a) Cost or othe (investmen		(b) Cost o	r other	basis (d	other)	(c) Accu	mulated d	epreciation	(d) Book va	lue
1a	Land							300						300
b	Buildin	ngs					6,89	96,741			5,226,566			1,670,175
		nold improvements					9,82	25,964			6,744,437			3,081,527
d	Equipn	ment					9,00	09,310			8,725,306			284,004

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	Saa Form GGII Darf V ling 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value) Method of val r end-of-year m	
	al derivatives					
	Tied equity interests	· · ·				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	11c. See Forn	n 990. Part X	. line 13.
	(a) Description of investment		ok value	(c) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year n	iarket value
(2)						
(3)						
(4)						
[5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	e Form 990, Par	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		n 990, Part	IV, line 11d See	e Form 990, Par	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization asserted.	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15	n				(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	n	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn			(b) Book value

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b 335.000 b 2c c d 2d 10.662

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c

2d

4a

4b

Explanation

Page 4

12,213,605

-411,993

n

12,625,598

12,625,598

12,771,480

345,662

12,425,818

12.425.818

Schedule D (Form 990) 2018

-757.655

335,000

10,662

2e

3

4c

5

2e e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

Add lines **4a** and **4b** 4c

b c 5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Add lines 2a through 2d . . 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Amounts included on line 1 but not on Form 990, Part IX, line 25

Schedule D (Form 990) 2018

Part XI

1

2

c

d

4

Part XIII

See Additional Data Table

Return Reference

b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . .

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 25-1010296

Name: WQED MULTIMEDIA

PART V, LINE 4

Supplemental Information Return Reference Explanation OF

WQED'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED PRIMARILY FOR SUPPORT

THE ORGANIZATION'S MISSION ITS ENDOWMENT INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS AND OARD-DESIGNATED QUASI-ENDOWMENT FUNDS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY WOED TO FU

NCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DON

OR-IMPOSED RESTRICTIONS

PRINCI

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 10,662					

s

Supplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 10,662					

s

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

WQED MULTIMEDIA

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information DLN: 93493220005270 OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

					25-1010296	
Part I Fundraising Activi Form 990-EZ filers a	·	_			rm 990, Part IV, line 1	7.
Indicate whether the organiza	ation raised funds th	rough any	of the fo	llowing activities Check a	all that apply	
a 🗸 Mail solicitations			е	Solicitation of non-	government grants	
b 🗹 Internet and email solicita	ations		f	✓ Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations						
2a Did the organization have a workey employees listed in Fo						:s □ No
b If "Yes," list the ten highest p to be compensated at least \$	eaid individuals or en 5,000 by the organiz	tities (fur ation	idraisers)	pursuant to agreements		
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont) Did sei have ody oi tiol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	ELINIDDATCING	Yes	No			
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET	FUNDRAISING CONSULTANT		No	1,943,065	821,590	1,121,47
BOSTON, MA 02135						
		1				

PA, OH, WV, MD

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

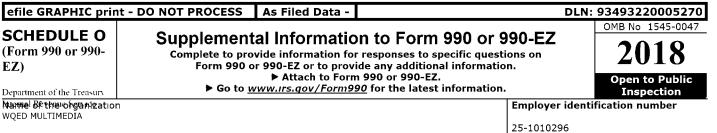
efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19322	20005	270
Sch	edule J	Co	mpensati	on Information	00	1B No	1545-(0047
(For	n 990)	For certain Office		rustees, Key Employees, and Hig	hest	-		
		Complete if the organic	Compensa anization answ	ited Employees ered "Yes" on Form 990, Part IV	, line 23.	20	18	3
Б			▶ Attach	to Form 990. instructions and the latest inform			o Pul	
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.gov</u>	7 <u>71 01111990</u> 101	mistructions and the latest infor	nation.		ectio	
	ne of the organiza ED MULTIMEDIA	ation			Employer identificat	ion nu	ımber	
	I TIOLITIEBIA				25-1010296			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payments lary spending account	H	Health or social club dues or initiative. Personal services (e.g., maid, chauf				
	□ Discretion	nary spending account	Ш	Personal services (e g , maid, chaul	reur, cher)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	directors, truste	es, officers, including the CEO/E	Recutive Director	, regarding the items checked in line	e lar			
3				d to establish the compensation of the third to the check any boxes for methods	ne			
	_	•		CEO/Executive Director, but explain	n Part III			
	✓ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensa	ition committee			
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the f	ılıng organızatıon or a			
_	_							Na
a b		ance payment or change-of-cont r receive payment from, a supple		fied retirement plan?		4a 4b		No No
c	•	r receive payment from, a sapple r receive payment from, an equit	•	•		4c		No
				licable amounts for each item in Par	t III			
		,						
5), 501(c)(4), and 501(c)(29)	_	must complete lines 5-9. the organization pay or accrue any				
5		ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n [?]				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	n A, line 1a, did t	the organization pay or accrue any				
а	The organization	٦٦				6a		No
b	Any related orga					6 b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, dıd the organızatıon also follov	v the rebuttable	presumption procedure described in	Regulations section	9		No
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	rm 990. Cat No 5	50053T Schedule J	(Form	990)	2018

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

			Employees, and Hig					
For each individual whose instructions, on row (ii) [Note. The sum of column	Do no	ot list any individuals that	are not listed on Form 99	90, Part VII				t ındıvıdual
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 DEBORAH L ACKLIN PRESIDENT AND CEO	(i)	260,520	32,600	23,219	11,301	11,730	339,370	0
	(ii)	0	0	0	0	0	0	0
2 LILLI MOSCO VP MEMBERSHIP	(i)	146,263	0	0	7,740	11,670	165,673	0
	(ii)	0	0	0	0	0	0	0
3 DARRYL FORD-WILLIAMS VP PRODUCTION	(i)	149,825	0	0	7,740	2,516	160,081	0
	(ii)	0	0	0	0	0	0	0
	-							

Page 3						
Part III Supplemental Inform	art III Supplemental Information					
Provide the information, explanation, or	rovide 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					
Return Reference	Explanation					

ESTABLISHED BY HER AND THE EXECUTIVE COMMITTEE



990	Schedule O	, Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	LOCAL COMMUNITY OUTREACH PENNSYLVANIA PUBLIC MEDIA STATEWIDE OPIOID INTIATIVE THE OPIOID CRISIS HAS BECOME A NATIONWIDE ISSUE IT WAS DECLARED A PUBLIC HEALTH EMERGENCY BY PRESIDE NT TRUMP IN OCTOBER 2017, AND A DISASTER EMERGENCY BY PENNSYLVANIA GOVERNOR WOLF IN JANUARY 2018 PENNSYLVANIA PUBLIC MEDIA STATIONS ARE CONFRONTING THE CRISIS IN THE COMMUNITIES WE SERVE BY PARTNERING ON A MASSIVE INITIATIVE THAT INVOLVES ALL STATIONS, STATE AGENCIES A ND COMMUNITY HEALTH AGENCIES TO PROVIDE INFORMATION AND RESOURCES TO BATTLE THE EPIDEMIC UNDER THE TITLE BATTLING OPIOIDS A PROJECT OF PENNSYLVANIA PUBLIC MEDIA, THIS TWO-YEAR IN ITIATIVE SHOWS THE COLLECTIVE VALUE OF PENNSYLVANIA PUBLIC MEDIA THROUGH OUR DAILY ABILITY TO MAKE AN IMPACT ON IMPORTANT ISSUES THIS PROJECT IS A COLLABORATIVE MULTIMEDIA EFFORT UNDERTAKEN BY PHILADELPHIA'S WHYY PUBLIC MEDIA, PBS39 IN BETHLEHEM, NORTHEASTERN PENNSYLVA NIA'S WIVIA PUBLIC MEDIA, WITF PUBLIC MEDIA IN HARRISSURG, WPSU PUBLIC MEDIA IN STATE COLLE GE, WQED PUBLIC MEDIA IN PITTSBURGH, AND WOLN PUBLIC MEDIA IN NORTHWESTERN PENNSYLVANIA THE FOCUS OF THE PROJECT COVERS THREE AREAS STIGMA, PREVENTION, AND TREATMENT, AND SHOWCAS ES PERSONAL STORIES RELATED TO EACH THAT LEAD TO A PLACE OF HOPE THE INITIATIVE BEGAN WITH A STATEWIDE AIRING OF WQED'S DOCUMENTARY BROKEN WOMEN FAMILIES OPIOIDS THAT PREMIERED L OCALLY IN NOVEMBER 2017 ON MARCH 29, 2019, ALL SEVEN PENNSYLVANIA PUBLIC MEDIA STATIONS A IRED BROKEN WOMEN FAMILIES OPIOIDS BROKEN WOMEN FAMILIES OPIOIDS MAKES THE ARGUMENT THAT TOPIOID ADDICTION AMONG WOMEN HAS IMPLICATIONS, WHICH GO FAR BEYOND THE ADDICT, INFECTING THE ENTIRE FAMILY, ESPECIALLY CHILDREN IN THE DOCUMENTARY, WE MEET CHILDREN WHO ARE BORN ADDICTED, WHILE OTHERS ARE REMOVED FROM THEIR HOMES AND PLACED IN FOSTER CARE OR IN THE CARE OF AN EXTENDED FAMILY MEMBER BROKEN WOMEN FAMILIES OPIOIDS WON THIS YEAR'S PENNSYLVA NIA ASSOCIATION OF BROADCASTERS AWARD FOR EXCELLENCE IN THE CATEGORY OF OUTSTANDING PUBLIC AFFAIRS PROGRAM PENNSYLVANIA'S PUBLIC TELEVISION STATIONS HAVE COMMITTE

990	Schedule	O, Supp	olemental	Information

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	N TEN YEARS AGO AND WAS ONE OF THE FIRST TO REPORT ON THE ABUSE OF OXYCONTIN SINCE THEN, WQED HAS PRODUCED 15 DOCUMENTARIES AND ONLINE SEGMENTS PERTAINING TO ADDICTION THAT ARE AV AILABLE AT HTTPS //WWW WQED ORG/HOPEAFTERHEROIN - HOPE AFTER HEROIN THE PIDEMIC IN OUR B ACKYARD - TV DOCUMENTARY - HOPE AFTER HEROIN FIGHTING THE EPIDEMIC - TV TOWN HALL MEETING - BROKEN WOMEN, FAMILIES, OPIOIDS - TV DOCUMENTARY - VOICES OF HOPE - WEBISODE - PRENATA L HOPE PROGRAM - WEBISODE - HOPE AFTER HEROIN WQED'S COMMUNITY SERVICE PROJECT - WEBISODE - HOW NARCAN WORKS - WEBISODE - LAW ENFORCEMENT & NARCAN - WEBISODE - SIGNS OF ADDICTION - WEBISODE - YOUTH ADDICTION - TV FEATURE - PARENTS OF OVERDOSE VICTIMS - TV FEATURE - JOH NSTOWN OXYCONTIN PART 1 - TV FEATURE - JOHNSTOWN OXYCONTIN PART 2 - TV FEATURE - OXYCONTIN FOLLOW-UP - TV FEATURE - OXYCONTIN ADDICT - TV FEATURE MISTER ROGERS' NEIGHBORHOOD FIFTIE TH ANNIVERSARY IN 2018 AND INTO 2019, PUBLIC MEDIA STATIONS ACROSS THE COUNTRY CELEBRATED THE 50TH ANNIVERSARY OF MISTER ROGERS' NEIGHBORHOOD WOED WAS FRED ROGERS' HOME FOR MOST OF HIS CAREER AND FOR MOST OF HIS PROGRAMS WQED CREATED A SPECIAL FIFTIETH ANNIVERSARY PAG E ON WQED INTERACTIVE AT WWW WOED ORG/MR-ROGERS-50 WITH A RUNDOWN OF PROGRAMMING, EVENTS, INDIVIDUAL STORIES, AND "THE WOED SWEATER SESSIONS," WHICH IS A TAKEOFF ON OUR WQED SESSIO NS DIGITAL FIRST MUSIC SEGMENTS FEBRUARY 26 - MARCH 2 - MISTER ROGERS' NEIGHBORHOOD PROGRAMS AIRED MONDAY THR OUGH FRIDAY THE WEEK OF FEBRUARY 26 MARCH 2 - MISTER ROGERS' THE UNIVERSARY BEGINS WITH FIVE CLASSIC MISTER ROGERS' NEIGHBORHOOD PROGRAMS AIRED MONDAY THE OUGH FRIDAY THE WEEK OF FEBRUARY 26 MARCH 2 - MISTER ROGERS' THE UNIVERSARY SUBJECTED THIS EVENT THAT ATTRACTED NATIONAL MEDIA ATTENTION APRIL 21 - BE MY NEIGHBOR' POOR STAL SERVICE HOSTED THIS EVENT THAT ATTRACTED NATIONAL MEDIA ATTENTION APRIL 21 - BE MY NEIGHBOR' POOR STAL SERVICE HOSTED THIS EVENT THAT ATTRACTED NATIONAL MEDIA ATTENTION APRIL 21 - BE MY NEIGHBOR OF THE YEAR PENNSYLVANIA TOURISM OFFICE UNVEILS NEW FRED ROGERS

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	IO ON JULY 11 THE SURVEY, CONDUCTED BY EDUCATION DEVELOPMENT CENTER (EDC) AND SRI INTERNA TIONAL,
PART III,	FOUND THAT WHILE MOST PARENTS ARE CONFIDENT ABOUT TEACHING THEIR CHILDREN READING, WRITING AND
LINE 4A	ARITHMETIC, THEY FEEL FAR LESS PREPARED TO HELP WITH SCIENCE THE STUDY WAS C OMMISSIONED BY THE
	U.S. DEPARTMENT OF EDUCATION'S READY TO LEARN INITIATIVE AND LED BY THE CORPORATION FOR PUBLIC
	BROADCASTING AND PBS

Explanation

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PRODUCTION ACTIVITY WQED PRODUCES AND DISTRIBUTES LOCAL CONTENT, BUILDS ON PBS CONTENT, CO LLABORATES WITH REGIONAL PARTNERS, AND PURSUES A "COMMUNITY ENCAGEMENT FIRST" PROCESS FOR CREATING COMPELIUNG LOCAL CONTENT TREE OF LIFE A CONCERT FOR PEACE AND UNITY AIRED LOCAL LY 11/27/18 PBS BROADCAST WQED'S LOCALLY-PRODUCED TREE OF LIFE A CONCERT FOR PEACE AND UN ITY ON DECEMBER 11, 2018 TO PUBLIC MEDIA STATIONS NATIONALLY THE PERFORMANCE WAS TAPED AT HEINZ HALL IN DOWNTOWN PITTSBURGH WHEN THE PITTSBURGH SYMPHONY ORCHESTRA HOSTED A SPECIAL FREE CONCERT FOR THE COMMUNITY ON NOVEMBER 27 EXACTLY ONE MONTH AFTER THE TRAGEDY AT THE SQUIRREL HILL SYNAGOGUE THAT HOUSED THREE COMMUNITIES - AS PART OF ITS "MUSIC FOR THE SPIR IT" SERIES TO HONOR THE VICTIMS OF THE TRAGEDY ADDITIONALLY, WOED-FM 89 3 BROADCAST THE C ONCERT LIVE FROM HEINZ HALL ON NOVEMBER 27 BEGINNING AT 7 00 PM WOED-FM HOST JIM CUNNINGH AM PROVIDED A HALF-HOUR OF INTERVIEWS AND BACKGROUND, WITH THE CONCERT BEGINNING AT 7 30PM RENOWNED ISRAELI-AMERICAN VIOLINIST ITZHAK PERLMAN JOINED MUSIC DIRECTOR MANFRED HONECK, THE PITTSBURGH SYMPHONY ORCHESTRA, 950 PRINCIPAL CLARINETIST MICHAEL RUSINEK AND THE MEND ELSSOHN CHOR OF PITTSBURGH ON JANUARY 31, 2019 WOED BROADCAST A 90-MINUTE EXTENDED PROGR AM OF THE PBS CONCERT, WHICH WAS EDITED FOR LENGTH THE COMPLETE PERFORMANCE AIRING ON JAN UARY 31 FEATURED THE FOLLOWING WORKS, INCLUDING CANTUS IN MEMORY OF BENJAMIN BRITTEN AND LARCHETTO FOR ORCHESTRA, AS WELL AS READINGS THAT WERE NOT PART OF THE SHORTENED VERSION THAT AT HER ON PBS MIDTERM MATTERS WWW WQED ORG/MIDTERMMATTERS AIRED 10/25/18 IN A VOLATILE ELECTION YEAR, WQED RE-CENTERED THE CONVERSATION AROUND ISSUES THAT MATTER TO WESTERN PENN SYLVANIANS IN A CRITICAL MID-TERM ELECTION THIS PRODUCTION FEATURED VIDEO REPORTS ON OUR LOCAL INFRASTRUCTURE, ECONOMY AND SCHOOL SAFETY A DIVERSE PANEL OF POLITICAL THINKERS ALS O SHARED THEIR THOUGHTS ON HOW THOSE ISSUES MIGHT BE AFFECTED BY THE MIDTERM ELECTIONS STOLEN YEARS WOMEN, CARRY WOMEN, CARRY WOMEN, CARRY WOMEN, CARRY MORE

Return Reference	Explanation
FORM 990, PART III, LINE 4A	N LIFE BY SHARING WHAT HAS WORKED FOR THEM FILMMAKERS CORNER CELEBRATES TEN SEASONS HTTPS //WQED ORG/FILMMAKERS THIS HOUR-LONG WEEKLY PROGRAM SCREENS A WIDE RANGE OF WORK BY LOCAL , INDEPENDENT AND STUDENT MEDIA MAKERS FROM THE PITTSBURGH REGION AND HAS A LOYAL FOLLOWN OF INTERIOR OF THE LOCAL FILM AND CREATIVE COMMUNITY EPISODES ALSO FEATURE INTERVIEWS WITH DIRECTOR S, PRODUCERS AND CINEMATOGRAPHERS AS WELL AS SEGMENTS ON FILM FESTIVALS, UNIVERSITIES AND THEATERS THAT TEACH, SHARE AND PROMOTE THE LOVE OF CINEMA THE GREAT RIDE HTTPS //WQED ORG /RIDE AIRED 3/14/19 THIS MULTIMEDIA PROJECT EXPLORED ONE OF AMERICA'S MOST TREASURED BIKIN G DESTINATIONS, CONSISTING OF TWO CONNECTING TRAILS, THE C&O CANAL TOWPATH (WASHINGTON, D.C. TO CUMBERLAND, MARYLAND) AND THE GREAT ALLEGHENY PASSAGE (CUMBERLAND, D.D. TO TOT COMBERLAND, MARYLAND) AND THE GREAT HALLEGHENY PASSAGE (CUMBERLAND, D.D. TO TOT COMBERLAND, MARYLAND) AND THE GREAT HALLEGHENY PASSAGE (CUMBERLAND, D.D. TO TOT COMBERLAND, HISTORY THE PROJECT INCLUDED A PRIMETIME 60-MINUTE DOCUMENTARY AND SHAREABLE WEB VIGNETTES FOCUSED ON NEARBY LANDMARKS, AS WELL AS A HISTORY OF THE TRAIL AND TOWPATH FRIENDS AND NEIGHBORS EXPLORES THE LEGACY OF MISTER ROGERS HITTPS //WWW WOED ORG / FRIENDSANDNEIGHBORS ARRED 12/27/18 THE CLEBRATION OF MISTER ROGERS HITTPS //WWW WOED ORG / FRIENDSANDNEIGHBORS ARRED 12/27/18 THE CLEBRATION OF MISTER ROGERS HED THE LASTING IMPACT OF FRED ROGERS AS AN ICON IN OUR COMMUNITY THE HALF-HOUR DOCUMENTARY UNCOVERED RICH ARC HIVAL CONTENT, SHARED MEMORIES FROM ORIGINAL MEMBERS OF THE SHOWS CAST AND CREW, AND FEAT URED NEW NEIGHBORS WHO SHARE THEIR OWN STORIES, INSPIRED BY AMERICA'S FAVORITE NEIGHBOR THAT HE RINTWOOD SUMMER HITTPS //WWW YOUTUBE COM/WATCH?V=GQ4FERQIGRO AIRED 1/24/19 THE FIFTH P ROGRAM IN RICK SEBAK'S KICKSTARTED "NEEBY" SERIES WAS THAT KENNYWOOD SUMMER IT WAS AN UNU SUAL HALF-HOUR DOCUMENTARY CREATED WITH FOOTAGE THAT HE AND HIS WQED CREW SHOT IN 1988 WHI LE GATHERING MATERIAL FOR HIS POPULAR PROGRAM CALLED KENNYWOOD MEMORIES REMAINS ONE OF

Return Reference	Explanation
FORM 990, PART III, LINE 4A	RING STATISTICS ARE CHILDREN WHO BECOME THE INVISIBLE VICTIMS FACING EMOTIONAL AND PHYSICA L TURMOIL, AND FINANCIAL HARDSHIPS WQED'S MULTI-PLATFORM PROJECT, INCLUDING A DOCUMENTARY TITLED SERVING TIME, TOO SHEDS LIGHT ON THIS OFTEN IGNORED TOPIC THAT IMPACTS THOUSANDS O F CHILDREN AND ULTIMATELY THE ENTIRE COMMUNITY SERVING TIME, TOO WAS FOLLOWED BY THE CHIL DREN OF INCARCERATED PARENTS A COMMUNITY FORUM, A LIVE DISCUSSION PROGRAM FROM THE FRED R OGERS STUDIO AT WQED VISIBLE WWW WQED ORG/VISIBLE AIRED 4/25/19 WQED PREMIERED A NEW DOCU MENTARY THAT PROFILES LOCAL WOMEN WHO CREATE ART THROUGH DIVERSE MEDIA FIVE VISUAL ARTIST S FROM WESTERN PENNSYLVANIA SHOW THEIR WORK AND SHARE STORIES OF THE REWARDS AND CHALLENGE S OF BEING A WOMAN IN THEIR FIELD FEATURED IS THE CREATIVE, INNOVATIVE, GROUND-BREAKING W ORK OF GLORIA STOLL KARN, KNOWN FOR HER 1940S PULP FICTION ART, ALISHA B WORMSLEY, WHOSE INTERDISCIPLINARY WORK EXAMINES GENDER, RACE, CLASS AND TIME, LORI HEPNER, A DIGITAL ARTI ST FOCUSED ON LIGHT PAINTING AND PHOTOGRAPHY, JO-ANNE BATES, AN ABSTRACT PRINT ARTIST CAPT URING THE LANGUAGE OF DAILY LIFE, AND DEE BRIGGS, A SCULPTOR WHOSE CHOSEN MEDIUM OF STEEL TRACES BACK TO HER ROOTS IQ SMARTPARENT SEASON SIX THIS NATIONALLY-DISTRIBUTED TELEVISIO N PROGRAM THROUGH AMERICAN PUBLIC TELEVISION (APT) AIRS ON MORE THAN 80 PUBLIC MEDIA STATI ONS ACROSS THE COUNTRY AND IS PRODUCED IN PITTSBURGH BY WQED EPISODES IN THE CURRENT SEAS ON INCLUDE EPISODE 601 BIBLE STEM EPISODE 602 UP IN THE SKY EPISODE 603 STEM IN STRANGE PLACES EPISODE 604 BRIDGING THE DIGITAL DIVIDE IN THE WORKFORCE EPISODE 605 ALL ABOUT ANIM ALS' EPISODE 606 SCREEN TIME VS OLD SCHOOL LEARNING SPECIAL EPISODE SESIONS - SEASON FOUR HTTPS://WQED ORG/WATCH/WQED-SESSIONS THE EMMY-WINNING DIGITAL SERIES WRED SESSIONS - SEASON FOUR HTTPS://WQED ORG/WATCH/WQED-SESSIONS THE EMMY-WINNING DIGITAL SERIES PRE MIERED SEASON FOUR THEIR FAVORITE TRACKS THE SWEATER SESSIONS - LIMITED SERIES HTTPS://WQED ORG/WATCH/WGED-SESSIONS FOR DIGITAL SERIES HTTPS://WQED ORG/WATCH/WGED-SE

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PITTSBURGH 360 SEASON TWO HTTPS //WWW WQED ORG/PITTSBURGH360 THIS DIGITAL SERIES IS COMPRI SED OF LONGER-FORM FEATURE STORIES THAT SHOWCASE THE PEOPLE, PLACES, HISTORY AND ESSENCE O F PITTSBURGH, WESTERN PENNSYLVANIA AND POINTS BEYOND PITTSBURGH EATS - SEASON 3 HTTPS //W WW WQED ORG/PITTSBURGHEATS PITTSBURGH IS ONE OF THE NATION'S TOP FOOD TOWNS AND THAT'S WHA T'S MAKING THIS EMMY-WINNING DIGITAL SERIES SO POPULAR WE VISIT EVERYTHING FROM MOM AND P OP EATERIES TO PLACES ON THE CUTTING EDGE OF CULINARY COOL TO SHOW VIEWERS WHAT - AND WHAPE E - "PITTSBURGH EATS" JUST A MINUTE - SEASON 1 HTTPS //WWW WQED ORG/JUSTAMINUTE WQED ADDS ANOTHER REGULARLY-SCHEDULED DIGITAL SERIES TO ITS AWARD-WINNING COLLECTION OF DIRECT-TO-W BE CONTENT THESE 60-SECOND SHORTS EXEMPLIFY WHAT'S PROGRESSIVE AND UNIQUE IN WESTERN PENN SYLVANIA THE FEATURES HAVE A MORE TOPICAL, TRENDY OR TECHY TONE THAN OUR OTHER DIGITAL CO NTENT OUR METRICS SHOW THAT SHORTER VIDEOS ARE MORE SHAREABLE GIVING OUR LOCAL STORIES A BROADER REACH AND NEWER AUDIENCE FUTURE JOBS GROWING OUR REGION'S WORKFORCE WWW WQED ORG /FUTURE-JOBS WITH THE HELP OF A DIVERSE GROUP OF COMMUNITY PARTNERS, WQED EMBARKED ON A HI GH-PROFILE INITIATIVE THAT ADDRESSES THE GROWING ISSUE OF PITTSBURGH'S CHANGING WORKFORCE NEEDS THAT WE CALL FUTURE JOBS GROWING OUR REGION'S WORKFORCE WOED'S INITIATIVE STARTED IN FEBRUARY WITH VIGNETTES ON WQED ORG/FUTURE-JOBS, WITH NEW VIGNETTES PREMIERING EVERY MO NTH THE DOCUMENTARY PREMIERED ON MARCH 21 A SERIES OF EVENTS BEGAN WITH THE FUTURE JOBS EXPO ON MAY 15 AT WQED AS PART OF REMAKE LEARNING DAYS ADDITIONALLY, WAS A FUTURE JOBS CA REER DAY AT THE BEAVER VALLEY MALL IN SUBURBAN BEAVER COUNTY ON OCTOBER 24 OUR COMPELLING INTERESTS WQED PARTNERED WITH THE CENTER FOR SOCIAL SOLUTIONS AT THE UNIVERSITY OF MICHIGA AN, CARNEGIE MELLON UNIVERSITY, THE CENTER FOR A FRICAN AMERICAN URBAN STUDIES & THE ECONOM Y (CAUSE), AND THE ANDREW W MELLON FOUNDATION TO EXAMINE RELIGIOUS DIVERSITY AND THE AMER ICAN PROMISE OUR COMPELLING INTEREFS ARED JUNE 13, 2019 ON WQE

Return

Reference	Explaination	
FORM 990, PART III, LINE 4A	OWNSTREAM HTTPS //WQED ORG/WATCH/WQED-SPECIALS/DOWNSTREAM-P985KL PENNSYLVANIA POSSESSES 86,000 MILES OF WATERWAYS MORE THAN ANY OTHER U S STATE EXCEPT ALASKA BUT THE QUALITY OF T HOSE WATERWAYS IS UNDER SERIOUS THREAT - FROM MINING TO ACID RAIN, AGING INFRASTRUCTURE, U RBAN DEVELOPMENT, INDUSTRIAL POLLUTION, AND SEEMINGLY MUNDANE HUMAN ACTIVITIES SUCH AS LAW N CARE WQED WAS THE PRESENTING STATION FOR THIS POINT PARK UNIVERSITY DOCUMENTARY ON OCTO BER 11, 2018, WHICH EXPLORES AND EXPOSES THREATS TO PENNSYLVANIA WATERSHEDS WHILE HIGHLIGH TING THE EFFORTS OF SCIENTISTS, WATER-QUALITY ADVOCATES AND CITIZENS WORKING TO PROTECT AN D RESTORE THE STATE'S WATERWAYS	

Explanation

Return Reference	Explanation
FORM 990, PART III, LINE 4A	WQED CELEBRATES 65TH ANNIVERSARY WQED WAS THE NATION'S FIRST COMMUNITY-SUPPORTED EDUCATION AL TELEVISION STATION AND SIGNED ON APRIL 1, 1954 FOR 2019 AND 2020, A YEAR-LONG CELEBRAT ION IS UNDERWAY BASED ON THE MISSION AND PRINCIPLES OF WQED THAT HAVE BECOME A PART OF PIT TSBURGH AND IS UNDER THE UMBRELLA "WQED + KINDNESS INTIATIVE INCLUDES - WQED + KINDNESS THE SPIRIT OF PITTSBURGH WWW WQED ORG/KIND - THE VIRTUAL KINDNESS INTIATIVE INCLUDES - WQED + KINDNESS THE SPIRIT OF PITTSBURGH WWW WQED ORG/KIND - THE VIRTUAL KINDNESS TE EE - KINDNESS CARDS AND STICKERS - ONE-OF-A-KIND STORIES WWW WQED ORG/KIND - POP-UP EVENT S - A COMMUNITY CELEBRATION ON OCTOBER 2 OTHER 65TH ANNIVERSARY ACTIVITIES - THE WQED SHO WCASE CHANNEL DEDICATED THE ENTIRE MONTH OF APRIL 2019 TO VINTAGE WQED PROGRAMMING, INCLUD ING FAVORITE RICK SEBAK DOCUMENTARIES FROM THE PITTSBURGH HISTORY SERIES, QED COOKS WITH C HRIS FENNIMORE, AND FAVORITE LOCAL AND NATIONAL DOCUMENTARIES PRODUCED BY WQED - A SPECIA L WQED 65TH ANNIVERSARY PAGE ON THE WQED WEBSITE AT WWW WQED ORG/KIND - A SOCIAL MEDIA CAM PAIGN THROUGHOUT THE YEAR - SPECIAL 65TH ANNIVERSARY SPOTS OF WQED-TV AND WQED-FM - INST AGRAM STORIES OF WQED'S 65 YEARS OF SERVICE TO THE COMMUNITY OUR YEAR-LONG "WQED + KINDNESS" CAMPAIGN WITH HEALTHY RIDE BIKES THROUGHOUT THE CITY IN PARTNERSHIP WITH NEXTBIKE AND A WQED + KINDNESS NIGHT AT THE PITTSBURGH RIVERFIOUNDS PROFESSIONAL SOCCER GAME FILMMAKERS CORNER MOVIE NIGHT AT WQED WQED WELCOMED MORE THAN 150 PEOPLE TO FILMMAKERS CORNER PROGRAM LOCAL FILMMAKERS WERE ON HAND ALONG WITH A SPECIAL CUT FROM RICK SEBAK'S NE BBY SERIES, AND PITTSBURGH SMOKEHOUSE FOOD TRUCK PROVIDED DELICIOUS FOOD FOR THE AUDIENCE READY TO LEARN WQED'S READY TO LEARN INITIATIVE IS THE CORE OF OUR EDUCATIONS SELECTED TO B E READY TO LEARN SUPERSTATIONS SPONSORED BY THE U S DEPARTMENT OF EDUCATION, READY TO LEARN SUPERSTATIONS SPONSORED BY THE U S DEPARTMENT OF EDUCATIONS SELECTED TO BE READY TO LEARN SUPERSTATIONS SPONSORED BY THE U S DEPARTMENT OF EDUCATIONS FLEADING THE CHARGE T

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TRAL PENNSYLVANIA, AND PBS 39 (WLVT) SERVING EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY THE CONTEST, MADE POSSIBLE IN PART BY LOCAL FINANCIAL SUPPORT FROM THE EQT FOUNDATION. EMP OWERS CHILDREN IN GRADES K-5 TO CELEBRATE CREATIVITY AND BUILD LITERACY SKILLS BY WRITING AND ILLUSTRATING THEIR VERY OWN STORIES IN THE LAST TEN YEARS, WQED'S PBS KIDS WRITER'S C ONTEST HAS RECEIVED OVER 12,000 ENTRIES FROM LOCAL STUDENTS DESIGN SQUAD NATION, A REALITY-STYLE PROGRAM CREATED TO "INSPIRE THE NEXT GENERATION OF ENGINEERS" THE ORIGINAL SHOW FE ATURED TEENS ENCAGED IN CHALLENGES ALL OVER THE UNITED STATES AND GLOBE, VYING FOR AVAILAB LE SCHOLARSHIPS BY ENGAGING IN THE ENGINEERING DESIGN PROCESS TO DISCOVER SOLUTIONS THAT A DDRESSED VARIOUS CHALLENGES WHICH OCCUR IN THE COMPLEX, YET COMPELLING, WORLD OF ENGINEERING APPROXIMATELY 250 STUDENTS IN GRADES 5-8 REPRESENTED THESE DIFFERENT SOUTHWESTERN PENN SYLVANIA EDUCATIONAL STAKEHOLDERS IN PREPARATION FOR THE CULMINATING COMPETITION DAYS OF MARCH 13 AND 14 AT WQED OVER THE LAST NINE YEARS, WQED HAS ENCAGED CLOSE TO 2,000 MIDDLE S CHOOL STUDENTS THROUGH ITS DESIGN LIVES HERE PROGRAM AIMED AT ENCOURAGING AREA KIDS TO LEA RN MORE ABOUT AND CONSIDER THE VALUE OF A PROFESSION IN ENGINEERING PARTICIPATING EDUCATO RS AND STUDENTS UTILIZED PROVIDED MATERIALS AND THE ENGINEERING DESIGN PROCESS TO ADDRESS STEM CHALLENGES LADEN WITH CONTENT FROM DESIGN SQUAD NATION EPISODES AND INTERACTIVE RESOU RCCE, WITH SUPPORT FROM LOCAL ENGINEERING MENTORS WASH & LEARN THIS NATIONAL PROGRAM ALL OWS CHILDREN WAITING AT THE LAUNDROMAT TO HAVE OPPORTUNITIES TO PARTICIPATING EDUCATO RS AND STUDENTS UTILIZED PROVIDED MATERIALS AND THE ENGINEERING DESIGN PROCESS TO ADDRESS STEM CHALLENGES LADEN WITH CONTENT FROM DESIGN SWASH & LEARN PROGRAM ALL OWS CHILDREN WAITING AT THE LAUNDROMAT TO HAVE OPPORTUNITIES FOR LITERACY WORLD FROM THE WASH OF A SUPPORT FROM LOCAL ENGINEERING MENTORS WASH & LEARN PROGRAM LOWS CHILDREN WAITING AT THE LAUNDROMAT TO HAVE OPPORTUNITIES FOR LITERACY DEVELOPMENT TO CHIL DREN WAITI

Return Reference	Explanation
FORM 990, PART III, LINE 4A	A NEW APPROACH TO EDUCATIONAL PUBLIC MEDIA WQED FAMILY COMMUNITY LEARNING WORKSHOPS PBS KIDS FAMILY COMMUNITY LEARNING WORKSHOPS ARE A SERIES OF SESSIONS THAT ENGAGE FAMILIES IN PROJECT-BASED CREATIVE LEARNING THE WORKSHOPS ARE CENTERED ON THE IDEA THAT CHILDREN ARE INNATELY CURIOUS AND CREATIVE, CONSTANTLY ATTEMPTING TO MAKE SENSE OF THE WORLD AROUND THE M STEM SHOULD BE A DIRECT EXTENSION OF THAT CURIOSITY REMAKE LEARNING DAY REMAKE LEARN ING AT WQED IS PART OF THE LARGER NATIONWIDE REMAKE LEARNING ACROSS AMERICA THAT ATTRACTED 35,000 PEOPLE OVER 500 HANDS-ON LEARNING EVENTS AROUND THE COUNTRY WQED HOSTED A MULTI-T IERED EVENT IN THE FRED ROGERS STUDIO THAT FOCUSED ON HEALTH AND WELLNESS AND WAS CONNECTED TO SESAME STREET MATERIALS AND RESOURCES BE MY NEIGHBOR DAY PEOPLE ALL OVER THE REGION GEARED UP TO HELP THEIR NEIGHBORS WITH KINDNESS BY PLEDGING THEIR FAMILY TO VOLUNTEER FOR THE 6TH ANNUAL BE MY NEIGHBOR DAY, SUPPORTED BY THE PNC FOUNDATION THROUGH ITS GROW UP GR EAT INITIATIVE ON APRIL 13 WQED HOSTED BE MY NEIGHBOR DAY, ALONG WITH PARTICIPATING COMMUNITY PARTNERS IN SIX COUNTIES, FROM THE CHILDREN'S MUSEUM OF PITTSBURGH AND THE HEINZ HIST ORY CENTER TO AREA PARKS AND LIBRARIES VOLUNTEERS PITCHED IN FOR GARDENING, PARK CLEAN-UP, WASHING FIRETRUCKS, AND MANY MORE FAMILY-FRIENDLY ACTIVITIES PEOPLE WERE ABLE TO PLEDGE THEIR VOLUNTEER TIME BY CALLING IN DURING THE WQED-TV VOLUNTEER PLEDGE PROGRAM ON MARCH 2 0 OR THEY COULD GO ON-LINE AT HTTP //BEMYNEIGHBORDAY ORG/TO LEARN MORE ABOUT HOW TO SELEC T A FAMILY VOLUNTEER OPPORTUNITY

THE FINAL 990 BY ACCESSING THE BOARD PORTAL BEFORE IT IS FILED

Return

Reference	
FORM 990,	FINANCIAL MANAGEMENT REVIEWS A COPY OF THE DRAFT FORM 990 UPON THEIR REVIEW, THE FINANCE,
PART VI,	BUSINESS AND OPERATIONS COMMITTEE REVIEWS AN ONLINE COPY POSTED TO THE BOARD PORTAL A QUOROM
SECTION B,	OF THE COMMITTEE DISCUSSES AND APPROVES THE RETURN IN A CONFERENCE CALL OR MEETING SUBSEQUENT
LINE 11B	TO APPROVAL BY THE FINANCE, BUSINESS AND OPERATIONS COMMITTEE ALL MEMBERS OF THE BOARD REVIEW

Explanation

Return Explanation
Reference

LINE 12C

FORM 990, EVERY YEAR EACH BOARD MEMBER IS REQUIRED TO COMPLETE A NEW CONFLICTS QUESTIONNAIRE WHICH PART VI, ADDRESSES ALL THE POINTS IN THE CONFLICT OF INTEREST POLICY THE FORMS ARE REVIEWED AND MONITORED SECTION B. BY FINANCIAL MANEGEMENT

990 Schedule O, Supplemental Information Return Explanation

Reference

DETERMINED TO BE REASONABLE

FORM 990,	WQED MULTIMEDIA IS A PUBLIC TV AND RADIO OPERATOR OF WHICH THERE IS A LARGER NETWORK, THEREFORE
PART VI,	BASED ON THE TYPE AND DEMOGRAPHICS, THERE IS COMPARABLE COMPENSATION AVAILABLE ON AN ONGOING
SECTION B,	BASIS EVERY THREE OR FOUR YEARS, OR AS DEEMED NECESSARY, AN INDEPENDENT SALARY CONSULTANT DOES
LINE 15	A SURVEY TO MAKE SURE THAT COMPENSATION IS WITHIN THE MARKET RANGE OF COMPARABLE ORGANIZATIONS
	THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES THE EXECUTIVE COMPENSATION ANNUALLY FOR THE
	ORGANIZATION AND ALSO APPROVES A SUM OF MONEY THAT CAN BE USED FOR GENERAL STAFF RAISES IF
	APPLICABLE COMPENSATION AMOUNTS FOR GENERAL STAFF ARE AGREED UPON BY DEPARTMENT HEADS AND
	HUMAN RESOURCES USING THE FINDINGS OF THE INDEPENDENT CONSULTANT AND COMPARABLE DATA FOR
	SIMILAR ORANIZATIONS AS A GUIDELINE ALL COMPENSATION AMOUNTS ARE BASED ON MARKET RATES AND ARE

Return Explanation

Reference

FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
PART VI,	AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
SECTION C,	
LINE 19	

Return Reference	Explanation
FORM 990, PART XII, QUESTION 2C, OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Name, address, and EIN (if applicable) of disregarded entity

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

WQED MULTIMEDIA

Part I

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Primary activity

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

(c)

Legal domicile (state

or foreign country)

OMB No 1545-0047

2018

DLN: 93493220005270

Open to Public Inspection

(f)

Direct controlling

entity

Employer identification number

25-1010296

(e)

End-of-year assets

Total income

(1) WQED PRODUCTIONS LLC 4802 FIFTH AVE PITTSBURGH, PA 15213 01-0682712	EDUCATIONAL MEDIA	PA			N/A		_
(2) WQED STEELTOWN INCUBATOR LLC 4802 FIFTH AVE PITTSBURGH, PA 15213 46-3202196	MEDIA	PA			N/A		
							_
							_
							_
Part II Identification of Related Tax-Exempt Organizations	· Complete of the eve		L"Vos" on Form 000	Davit TV Juna 24 h	accuse it had one on		_
related tax-exempt organizations during the tax year.	Complete if the orga	anizacion answered	res on Form 990	, Part IV, line 34 b	ecause it flad one of		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled
						Yes	No
						\perp	
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat No 501	35Y		Schedule R (Form	ı 990) 20	018

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income		(I Disprop alloca		(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene mana part	j) ral or aging ner?	(k) Percen owner
					314)			Yes	No		Yes	No	
					1		1	1	1			1 1	
Identification of Related Organi because it had one or more related	zations Taxable as a (organizations treated as	Corporation s a corporation	or Trus	t Complete st during th	ıf the organ ie tax year.	ızatıon ansv	wered "Yes	" on Fo	orm 9!	90, Part IV	, lıne	34	
Identification of Related Organi because it had one or more related (a) Name, address, and EIN of related organization	zations Taxable as a (organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perce	h)	Se (1	(I) ection 5 I3) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 L3) cont
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity

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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.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
b Gift, grant, or capital contribution to related organization(s)	1b
c Gift, grant, or capital contribution from related organization(s)	1c
d Loans or loan guarantees to or for related organization(s)	1d
e Loans or loan guarantees by related organization(s)	1e
f Dividends from related organization(s)	1f
g Sale of assets to related organization(s)	1g
h Purchase of assets from related organization(s)	1h
i Exchange of assets with related organization(s)	1i
j Lease of facilities, equipment, or other assets to related organization(s)	1j
k Lease of facilities, equipment, or other assets from related organization(s)	1k
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11
m Performance of services or membership or fundraising solicitations by related organization(s)	1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n
o Sharing of paid employees with related organization(s)	10
p Reimbursement paid to related organization(s) for expenses	1p
q Reimbursement paid by related organization(s) for expenses	1q
r Other transfer of cash or property to related organization(s)	1r
s Other transfer of cash or property from related organization(s)	1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	

р	Reimbursement paid to related organization(s) for expenses				1 p				
q	Reimbursement paid by related organization(s) for expenses				1 q				
r	Other transfer of cash or property to related organization(s)				1r				
s	Other transfer of cash or property from related organization(s)				1s				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
	(a) (b) (c) (d)								
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved					
						_			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See mistractions regarding exclusion																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total income assets	(h) of Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No					
Schedule R (Form 990) 2018											0) 2018						

