

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
SEPTEMBER 30, 2021

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**PREPARED FOR:**

WQED MULTIMEDIA  
4802 FIFTH AVENUE  
PITTSBURGH, PA 15213

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**PREPARED BY:**

SCHNEIDER DOWNS & CO., INC.  
ONE PPG PLACE, SUITE 1700  
PITTSBURGH, PA 15222

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>WQED MULTIMEDIA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4802 FIFTH AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15213</b>	<b>D</b> Employer identification number <b>25-1010296</b>
	<b>F</b> Name and address of principal officer: <b>DEBORAH ACKLIN</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>412-622-1300</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>G</b> Gross receipts \$ <b>18,518,382.</b>
<b>J</b> Website: <b>WWW.WQED.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: <b>1953</b>	<b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>WQED MULTIMEDIA (WQED) IS A NONPROFIT CORPORATION WHOSE PURPOSE IS TO HARNESS THE POWER OF</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>26</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>25</b>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>98</b>
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>10</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>9,742.</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>8,858,354.</b>
9 Program service revenue (Part VIII, line 2g) .....		<b>1,784,872.</b>	<b>1,581,672.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>196,762.</b>	<b>740,340.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>1,142,392.</b>	<b>1,601,865.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>11,982,380.</b>	<b>15,875,013.</b>
<b>Expenses</b>		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>0.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>5,713,052.</b>	<b>5,637,402.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>713,123.</b>	<b>959,372.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,531,958.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>5,789,861.</b>	<b>5,005,640.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>12,216,036.</b>	<b>11,602,414.</b>	
19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>-233,656.</b>	<b>4,272,599.</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>22,259,511.</b>	<b>End of Year</b> <b>26,860,609.</b>
	21 Total liabilities (Part X, line 26) .....	<b>2,876,136.</b>	<b>1,730,880.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	<b>19,383,375.</b>	<b>25,129,729.</b>

**Part II 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.

<b>Sign Here</b>	Signature of officer <b>LILLI MOSCO, VP MEMBERSHIP</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SUSAN M. KIRSCH</b>	Preparer's signature <b>SUSAN M. KIRSCH</b>
	Firm's name ▶ <b>SCHNEIDER DOWNS &amp; CO., INC.</b>	Firm's EIN ▶ <b>25-1408703</b>
	Firm's address ▶ <b>ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222</b>	Phone no. <b>412-261-3644</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: 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 AND INSPIRES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,526,251. including grants of \$ ) (Revenue \$ 1,604,123. ) PROGRAM SERVICE ACCOMPLISHMENTS- SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,526,251.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (26), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, WV, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MIKE WARUSZEWSKI - 412-622-1503 4802 FIFTH AVENUE, PITTSBURGH, PA 15213



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH L. ACKLIN PRESIDENT AND CEO	50.00	X		X				296,222.	0.	24,178.
(2) DARRYL FORD-WILLIAMS VP PRODUCTION	50.00				X			179,699.	0.	10,199.
(3) LILLI MOSCO VP MEMBERSHIP	50.00				X			168,284.	0.	19,845.
(4) MIKE WARUSZEWSKI CHIEF FINANCIAL OFFICER	50.00			X				134,436.	0.	36,000.
(5) PAUL BYERS ENGINEERING CHIEF	50.00					X		115,271.	0.	33,204.
(6) RICHARD SEBAK PRODUCER	50.00					X		128,050.	0.	18,158.
(7) JODY DOHERTY VP OF CORPORATE & COMMUNITY AFFAIRS	40.00					X		104,353.	0.	34,828.
(8) NANCY BARRY DIRECTOR	1.00	X						0.	0.	0.
(9) GEORGIA BERNER DIRECTOR	1.00	X						0.	0.	0.
(10) MARCELA BOHM-VELEZ DIRECTOR	1.00	X						0.	0.	0.
(11) DEBRA L. CAPLAN DIRECTOR	1.00	X						0.	0.	0.
(12) DOROTHY DAVIS DIRECTOR	1.00	X						0.	0.	0.
(13) JEFFREY DAVIS DIRECTOR	1.00	X						0.	0.	0.
(14) LISA DONOVAN DIRECTOR	1.00	X						0.	0.	0.
(15) MARY ANN DUNHAM DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTINE FULTON DIRECTOR	1.00	X						0.	0.	0.
(17) JOSH KNAUER DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOE MANICH DIRECTOR	1.00	X					0.	0.	0.	
(19) W. THOMAS MCGOUGH, JR. DIRECTOR	1.00	X					0.	0.	0.	
(20) MAX F MILLER DIRECTOR	1.00	X					0.	0.	0.	
(21) GAIL NOVAK MOSITES DIRECTOR	1.00	X					0.	0.	0.	
(22) CARL MOULTON DIRECTOR	1.00	X					0.	0.	0.	
(23) CASSANDRA PAN DIRECTOR	1.00	X					0.	0.	0.	
(24) CONOR PLATT DIRECTOR	1.00	X					0.	0.	0.	
(25) LOURDES SANCHEZ RIDGE DIRECTOR	1.00	X					0.	0.	0.	
(26) GREGORY SCOTT DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							1,126,315.	0.	176,412.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,126,315.	0.	176,412.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**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) Name and business address	(B) Description of services	(C) Compensation
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET, BOSTON, MA 02135	MEMBERSHIP DATA SYSTEM	765,591.
DONOR DEVELOPMENT STRATEGIES LLC, 141 UNION BLVD SUITE 300, LAKEWOOD, CO 80228	DOOR TO DOOR CANVASSING	193,781.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	5,880,246.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	5,322,194.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	748,696.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			11,951,136.			
Program Service Revenue	<b>2 a</b> UNDERWRITING REVENUE	<b>Business Code</b>					
		515100	1,581,672.	1,581,672.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,581,672.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		231,278.			231,278.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		355,517.			355,517.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	1,488,941.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	265,044.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	1,223,897.				
	<b>d</b> Net rental income or (loss) .....			1,223,897.	9,742.	1,214,155.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,882,435.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,373,373.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	509,062.				
	<b>d</b> Net gain or (loss) .....			509,062.		509,062.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		27,403.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	4,952.					
<b>c</b> Net income or (loss) from sales of inventory .....			22,451.	22,451.			
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			15,875,013.	1,604,123.	9,742.	2,310,012.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,023,435.	446,539.	414,629.	162,267.
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 .....	3,258,236.	2,552,282.	276,592.	429,362.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	206,427.	139,586.	36,614.	30,227.
9 Other employee benefits .....	827,425.	551,776.	162,313.	113,336.
10 Payroll taxes .....	321,879.	222,111.	50,273.	49,495.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	31,483.	11,160.	20,323.	
c Accounting .....	61,807.		61,807.	
d Lobbying .....	52,757.	12,817.		39,940.
e Professional fundraising services. See Part IV, line 17	959,372.			959,372.
f Investment management fees .....	70,932.		70,932.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	280,732.	270,584.	10,148.	
12 Advertising and promotion .....	400,167.	177,090.	-43,068.	266,145.
13 Office expenses .....	406,820.	254,463.	-1,302.	153,659.
14 Information technology .....	103,733.	68,464.	35,269.	
15 Royalties .....				
16 Occupancy .....	240,478.	127,733.	112,745.	
17 Travel .....	18,634.	15,695.	1,947.	992.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	617,727.	428,696.	103,048.	85,983.
23 Insurance .....	31,241.		31,241.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM ACQUISITION</b>	1,800,276.	1,774,383.		25,893.
b <b>EQUIPMENT RENTAL &amp; MAIN</b>	390,614.	223,052.	144,387.	23,175.
c <b>TELEPHONE SERVICE AND M</b>	178,663.	40,948.	31,718.	105,997.
d <b>POSTAGE/SHIPPING/MAILER</b>	110,022.	80,654.	5,261.	24,107.
e All other expenses	209,554.	128,218.	19,328.	62,008.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,602,414.</b>	<b>7,526,251.</b>	<b>1,544,205.</b>	<b>2,531,958.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	249,729.	<b>1</b>	1,713,233.
	<b>2</b> Savings and temporary cash investments .....	3,078,928.	<b>2</b>	3,555,374.
	<b>3</b> Pledges and grants receivable, net .....	2,253,057.	<b>3</b>	2,372,583.
	<b>4</b> Accounts receivable, net .....	199,954.	<b>4</b>	353,660.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	156,051.	<b>9</b>	140,499.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 25,712,152.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,467,858.	<b>10c</b>	4,244,294.
	<b>11</b> Investments - publicly traded securities .....	11,774,183.	<b>11</b>	14,480,966.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,259,511.	<b>16</b>	26,860,609.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,653,630.	<b>17</b>	1,529,577.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	162,106.	<b>19</b>	201,303.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,060,400.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,876,136.	<b>26</b>	1,730,880.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,403,741.	<b>27</b>	12,612,831.
	<b>28</b> Net assets with donor restrictions .....	9,979,634.	<b>28</b>	12,516,898.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	19,383,375.	<b>32</b>	25,129,729.
	<b>33</b> Total liabilities and net assets/fund balances .....	22,259,511.	<b>33</b>	26,860,609.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,875,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,602,414.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,272,599.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,383,375.
5	Net unrealized gains (losses) on investments	5	1,473,755.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,129,729.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **WQED MULTIMEDIA** Employer identification number **25-1010296**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7049619.	7325330.	8169813.	8858353.	11951136.	43354251.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7049619.	7325330.	8169813.	8858353.	11951136.	43354251.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						43354251.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	7049619.	7325330.	8169813.	8858353.	11951136.	43354251.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1726527.	1652974.	1723977.	1681721.	2075736.	8860935.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						52215186.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,456,106.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.03	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	81.61	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

WQED MULTIMEDIA

Employer identification number

25-1010296

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization <b>WQED MULTIMEDIA</b>	Employer identification number <b>25-1010296</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>555,130.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,239,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,060,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WQED MULTIMEDIA</b>	Employer identification number  <b>25-1010296</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>WQED MULTIMEDIA</b>	Employer identification number <b>25-1010296</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>WQED MULTIMEDIA</b>	Employer identification number <b>25-1010296</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

LHA

032041 12-02-20

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	.....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	.....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	.....														
<b>d</b> Other exempt purpose expenditures	.....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	.....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	.....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-	.....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-	.....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		52,757.
<b>j</b> Total. Add lines 1c through 1i			52,757.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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 expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions)	5	

**Part IV Supplemental Information**

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

**PART II-B**

THE ORGANIZATION ENGAGES AN INDEPENDENT LOBBYING CONSULTANT TO PERFORM ITS LOBBYING ACTIVITIES. THE TOTAL FUNDS EXPENDED FOR THESE ACTIVITIES REPRESENTED LESS THAN 1% OF THE ORGANIZATION'S TOTAL EXEMPT PURPOSE EXPENDITURES FOR THE YEAR.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **WQED MULTIMEDIA** Employer identification number **25-1010296**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,879,400.	9,405,365.	9,499,551.	9,119,819.	6,654,887.
b Contributions		1,000,000.			1,917,625.
c Net investment earnings, gains, and losses	2,037,149.	474,035.	133,187.	584,400.	830,558.
d Grants or scholarships					
e Other expenditures for facilities and programs			227,373.	204,668.	283,251.
f Administrative expenses					
g End of year balance	12,916,549.	10,879,400.	9,405,365.	9,499,551.	9,119,819.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  46.9500 %
  - b Permanent endowment  40.5300 %
  - c Term endowment  12.5200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		300.		300.
b Buildings		6,975,520.	5,391,398.	1,584,122.
c Leasehold improvements		9,780,636.	7,459,597.	2,321,039.
d Equipment		8,924,417.	8,616,863.	307,554.
e Other		31,279.		31,279.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,244,294.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	17,953,765.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,473,755.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	335,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	269,996.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,078,751.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,875,014.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,875,014.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,207,411.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	335,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	269,996.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	604,996.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,602,415.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,602,415.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

WQED'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED  
 PRIMARILY FOR SUPPORT OF THE ORGANIZATION'S MISSION. ITS ENDOWMENT  
 INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED  
 QUASI-ENDOWMENT FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING  
 PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS  
 DESIGNATED BY WQED TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED  
 BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	4,952.
RENTAL EXPENSE	265,044.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 2D 269,996.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 4,952.

RENTAL EXPENSE 265,044.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 269,996.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**WQED MULTIMEDIA**

Employer identification number

**25-1010296**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
WGBH EDUCATIONAL FOUNDATION - ONE GUEST STREET, BOSTON, MA	MEMBER SERVICES FUNDRAISING		X	2,304,303.	765,591.	1,538,712.
DONOR DEVELOPMENT STRATEGIES - 141 UNION BLVD STE 300,	DOOR TO DOOR CANVASSING		X	300,784.	193,781.	107,003.
<b>Total</b>				2,605,087.	959,372.	1,645,715.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**PA, OH, WV, MD**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: WGBH EDUCATIONAL FOUNDATION

(I) ADDRESS OF FUNDRAISER: ONE GUEST STREET, BOSTON, MA 02135

(I) NAME OF FUNDRAISER: DONOR DEVELOPMENT STRATEGIES

(I) ADDRESS OF FUNDRAISER: 141 UNION BLVD STE 300, LAKEWOOD, CO 80228

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **WQED MULTIMEDIA** Employer identification number **25-1010296**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2020



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBORAH L. ACKLIN PRESIDENT AND CEO	(i)	290,586.	300.	5,336.	12,300.	11,878.	320,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DARRYL FORD-WILLIAMS VP PRODUCTION	(i)	178,877.	0.	822.	7,957.	2,242.	189,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LILLI MOSCO VP MEMBERSHIP	(i)	167,462.	0.	822.	7,957.	11,888.	188,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIKE WARUSZEWSKI CHIEF FINANCIAL OFFICER	(i)	134,311.	0.	125.	6,695.	29,305.	170,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

WQED MULTIMEDIA

Employer identification number

25-1010296

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

PUBLIC MEDIA AND PARTNERSHIPS FOR THE DIGITAL AGE IN ORDER TO CREATE  
AND SHARE OUTSTANDING PUBLIC MEDIA THAT EDUCATES, ENTERTAINS AND  
INSPIRES.

FORM 990, PART III, QUESTION 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LOCAL COMMUNITY OUTREACH

WQED'S "A MATTER OF TRUST: COVID-19 VACCINES" INITIATIVE ADDRESSES  
COMMUNITY QUESTIONS

[WWW.WQED.ORG/VACCINE](http://WWW.WQED.ORG/VACCINE)

WQED, IN PARTNERSHIP WITH THE POISE FOUNDATION AND THE BLACK EQUITY  
COALITION, LAUNCHED A YEAR-LONG INITIATIVE TO HELP ADDRESS QUESTIONS  
AND BUILD TRUST IN THE COVID-19 VACCINE IN THE COMMUNITIES MOST  
IMPACTED BY THE VIRUS. DOCTORS, TEACHERS, COMMUNITY LEADERS, HEALTH  
EXPERTS AND FRIENDS FROM THE NEIGHBORHOOD ARE ALL JOINING THIS EFFORT  
TO COMBAT THE VIRUS AND RAISE AWARENESS. THE CENTERPIECE OF THE  
INITIATIVE WAS A VIRTUAL CONVERSATION AND PANEL DISCUSSION ON JUNE 3,  
2021. ADDITIONAL CONVERSATIONS WILL HAPPEN THROUGHOUT THE YEAR.

"A MATTER OF TRUST: A COVID-19 CONVERSATION" WAS THE FIRST IN A SERIES  
OF WEBINARS TO ADDRESS THE COVID-19 PANDEMIC AND ITS EFFECTS ON  
COMMUNITIES OF COLOR. IN THE FIRST INSTALLMENT, THE FOCUS WAS A  
THOUGHTFUL CONVERSATION ON SOME OF THE MYTHS SURROUNDING THE VACCINE  
AND A DISCUSSION OF THE IMPORTANCE OF COMMUNITY ACCESSIBILITY.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

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PANELISTS INCLUDED DR. TRACEY CONTI, ASSISTANT PROFESSOR AND EXECUTIVE VICE CHAIR IN THE DEPARTMENT OF FAMILY MEDICINE AT THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE; CHARDAE JONES, MAYOR OF BRADDOCK; REV. CHRISTOPHER CONTI, MD, SENIOR PASTOR OF EMMANUEL PITTSBURGH; AND MARK LEWIS, PRESIDENT AND CEO OF THE POISE FOUNDATION. WQED'S MINETTE SEATE WAS MODERATOR.

THE INITIATIVE INCLUDES A SERIES OF 16 ONLINE VIDEOS THAT PREMIERE EVERY THREE TO FOUR WEEKS THROUGH MARCH 2022 AT WWW.WQED.ORG/VACCINE. VIDEOS AVAILABLE TO DATE INCLUDE:

TWO GENERATIONS TALKING

IN PITTSBURGH'S HAZELWOOD NEIGHBORHOOD, TERRI SHIELDS, A GRANDMOTHER AND COMMUNITY ACTIVIST, AND COLLEGE STUDENT DIAMOND TAYLOR HAVE A FRANK DISCUSSION ABOUT WHY THEY GOT THE COVID-19 VACCINE.

IT'S PERSONAL

THREE MEMBERS OF THE COMMUNITY SPEAK EMOTIONALLY OF THEIR DECISION, AND OF THE PERSONAL TOLL THE PANDEMIC HAS HAD ON THEM AND THEIR FAMILIES.

COPING WITH COVID

LONG-TIME PITTSBURGH PSYCHOLOGIST DR. WALTER SMITH DISCUSSES THE EMOTIONAL EFFECTS COVID HAS HAD ON THE COMMUNITY AS WE ENTER THE SECOND FULL YEAR OF THE PANDEMIC.

BECAUSE WE CARE

MEMBERS OF THE COMMUNITY SHARE THEIR REASONS FOR GETTING THE COVID-19

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VACCINE, AND URGE OTHERS TO FOLLOW THEIR LEAD TO HELP US ALL STAY  
HEALTHY.

CELEBRATING SAFELY

WITH THE HOLIDAY SEASON UPON US, PEOPLE WILL BE GATHERING WITH FAMILY  
AND FRIENDS. BUT WITH COVID-19 STILL A SERIOUS CONCERN, WHAT ARE SOME  
OF THE WAYS WE CAN CELEBRATE SAFELY?

COVID-19 VACCINES - BY THE NUMBERS

A LOOK AT SOME OF THE WEEKLY COVID STATISTICS FROM THE ALLEGHENY COUNTY  
HEALTH DEPARTMENT SHOWS DISPARITIES AMONG DIFFERENT RACIAL AND ETHNIC  
GROUPS.

OUR CHILDREN: A CONVERSATION

THREE LOCAL PHYSICIANS DISCUSS THE COVID-19 PANDEMIC AND ITS EFFECTS ON  
CHILDREN -- AND PARTICULARLY, THEIRS.

VEN A CASA SAN JOS Y VACNATE!

CLAUDIA SNCHEZ, OFICIAL DE SALUD DE CASA SAN JOS, EXPLICA SOBRE EL  
PROGRAMA DE VACUNAS DE LA ORGANIZACIN Y CMO BUSCAR MS INFORMACIN.

DELTA ON THE RISE

THE COUNTRY IS GRAPPLING WITH THE RISE IN COVID-19 CASES DUE TO THE  
DELTA VARIANT. DR. TRACEY CONTI EXPLAINS WHY THIS IS HAPPENING AND  
TELLS US HOW TO BEST COMBAT THE SPREAD.

A CONVERSATION

IN THIS NON-JUDGMENTAL, REAL CONVERSATION ABOUT COVID-19, FOUR

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PITTSBURGHERS SHARE THEIR HONEST FEELINGS ABOUT VACCINE CHOICE.

A TRUSTED VOICE

PASTOR NIECY DENNIS WHITE, SPIRITUAL LEADER OF THE LORD'S CHURCH IN MONROEVILLE, EXPLAINS HOW THE PANDEMIC HAS AFFECTED HER CHURCH AND HER PARISHIONERS.

THREE QUESTIONS

DR. RACHEL TONEY, ALLEGHENY HEALTH NETWORK GASTROENTEROLOGIST, ANSWERS THREE OF THE MOST COMMON QUESTIONS VIEWERS HAVE ABOUT COVID-19 AND HOW VACCINES WORK.

INFORMACIN TIL

EL DR. DIEGO-CHAVES-GNECCO EXPLICA LA IMPORTANCIA DE LAS VACUNAS EN LA COMUNIDAD LATINA.

CONFRONTING COVID-19

COMBINING THE SKILLS AND RESOURCES OF NEIGHBORS, PARTNER ORGANIZATIONS AND WQED'S AWARD-WINNING PRODUCTION TEAM, "A MATTER OF TRUST" BROADCASTS AND STREAMS A SERIES OF SHORT VIDEOS THAT SPEAK DIRECTLY TO OUR COMMUNITIES.

"A MATTER OF TRUST" INITIATIVE IS PRODUCED IN COLLABORATION WITH THE POISE FOUNDATION AND THE BLACK EQUITY COALITION. MAJOR FUNDING FOR THIS PROJECT WAS PROVIDED BY GIANT EAGLE, THE HILLMAN FAMILY FOUNDATIONS, THE PITTSBURGH FOUNDATION AND THE POISE FOUNDATION.

JEWISH HEALTHCARE FOUNDATION PRESENTS "WHAT COVID-19 EXPOSED IN

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## LONG-TERM CARE"

WQED CONTINUED TO ENGAGE OUR COMMUNITY DURING COVID. WE MAY NOT BE IN THE STUDIO WITH AN AUDIENCE, BUT WE CONTINUE TO BRING MEANINGFUL TOPICS AND ISSUES TO DIGITAL PLATFORMS AND A REMOTE AUDIENCE. OUR LATEST PARTNERSHIP WITH THE JEWISH HEALTHCARE FOUNDATION EXPLORED THE CAUSES BEHIND THE COVID-19 CRISIS IN LONG-TERM CARE FACILITIES ACROSS THE UNITED STATES.

MORE THAN 400 PEOPLE JOINED LYNNE HAYES-FREELAND FOR THE DOCUMENTARY WHAT COVID-19 EXPOSED IN LONG-TERM CARE, PRODUCED BY THE JEWISH HEALTHCARE FOUNDATION AND PRESENTED BY WQED ON FEBRUARY 24, 2021. THE DOCUMENTARY WAS FOLLOWED BY A NATIONAL PANEL OF EXPERTS WHO DISCUSSED WHAT IS HAPPENING IN THE INDUSTRY, WHAT IT MEANS FOR BOOMERS AND THEIR CHILDREN, AND WHAT POLICY CHANGES ARE NEEDED TO CARE FOR OUR FRAIL SENIORS IN THE DECADES AHEAD.

## WQED PROGRAMMING FOR MENTAL HEALTH AWARENESS MONTH

IN RECOGNITION OF MENTAL HEALTH AWARENESS MONTH IN MAY, WQED AIRED TEN INSIGHTFUL PROGRAMS THAT FOCUSED ON IMPORTANT ISSUES AND INCREASE AWARENESS OF MENTAL HEALTH IN THE REGION. INCLUDED WAS A SUNDAY AFTERNOON FIVE-HOUR BLOCK OF BACK-TO-BACK PROGRAMMING ON MAY 23 FROM 3:00 TO 8:00PM. MENTAL HEALTH AWARENESS MONTH PROGRAMMING ON WQED WAS SUPPORTED BY ALLEGHENY FAMILY NETWORK.

## BEFORE STAGE FOUR: CONFRONTING EARLY PSYCHOSIS

FIRST-TIME PSYCHOTIC EPISODES ARE FRIGHTENING, CONFUSING AND DISTRESSING FOR THE ENTIRE FAMILY. TRADITIONALLY, TEENS AND YOUNG

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ADULTS EXPERIENCING FIRST-EPISODE PSYCHOSIS (FEP) HAVE BEEN PULLED OUT OF SCHOOLS AND/OR SOCIETY ONLY TO BEGIN A LIFELONG JOURNEY OF SPOTTY TREATMENT, RECURRING EPISODES, AND UNFULFILLED HOPES OF A CAREER, HAPPY MARRIAGE, AND CHILDREN. BUT NEW RESEARCH SHOWS A SIGNIFICANT SUCCESS RATE FOR PEOPLE WHO RECEIVE PROPER, COORDINATED CARE AFTER A FIRST EPISODE.

ROSE'S GARDEN: SURVIVING MY MOTHER'S MENTAL ILLNESS

ROSE CLANCY PLANTS GARDENS IN URBAN AREAS THAT COULD USE GREEN SPACE. HER WORK BRINGS BEAUTY TO THE NEIGHBORHOODS, AND IT ALSO BRINGS HEALING TO ROSE. SHE WAS RAISED BY A MOTHER WHO SUFFERED FROM MENTAL ILLNESS, AND NOW HER GARDENS ARE HELPING HER COPE WITH MEMORIES OF A TROUBLED CHILDHOOD WHILE RAISING AWARENESS OF AN ISSUE THAT IMPACTS MILLIONS. THIS DOCUMENTARY FOCUSES ON HOW MENTAL ILLNESS AFFECTS NOT ONLY THE PERSON WITH THE ILLNESS, BUT EVERYONE IN THE FAMILY.

LONG ROAD HOME

LONG ROAD HOME FOCUSES ON THE COMPELLING STORIES OF PITTSBURGH AREA VETERANS COPING AND HEALING WITH THE EMOTIONAL WOUNDS OF WAR, WHETHER FROM COMBAT IN IRAQ, VIETNAM, KOREA OR WORLD WAR II. THE DOCUMENTARY ALSO EXPLORES CURRENT TREATMENTS AND RESEARCH INTO POST-TRAUMATIC STRESS DISORDER (PTSD) AMONG RETURNING VETERANS.

BUNDLE OF NERVES: OUR ANXIETY EPIDEMIC

ANXIETY IS AMONG THE MOST COMMON, YET UNDER-REPORTED OF ALL BEHAVIORAL HEALTH ISSUES. FORTY MILLION AMERICANS SUFFER FROM ANXIETY AND PANIC DISORDERS. THROUGH PERSONAL STORIES OF THOSE AFFECTED, THIS DOCUMENTARY EXAMINES THE CAUSES, DIAGNOSIS, PREVENTION, AND TREATMENT. IT ALSO



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SPOTLIGHTS INNOVATIVE INITIATIVES THAT EXPLORE THE ISSUE IN VULNERABLE POPULATIONS.

#### SPEAKING GRIEF

MOVING AWAY FROM THE IDEA THAT GRIEF IS A PROBLEM THAT NEEDS TO BE "FIXED," SPEAKING GRIEF VALIDATES THE EXPERIENCE OF GRIEVERS AND GUIDES THOSE WISHING TO SUPPORT THEM. BY SHARING DIVERSE REPRESENTATIONS OF BEREAVEMENT, SPEAKING GRIEF ILLUSTRATES THAT GRIEF IS A UNIVERSAL, YET INDIVIDUAL EXPERIENCE.

#### ORCHESTRATING CHANGE

THIS DOCUMENTARY TELLS THE INSPIRING STORY OF THE ME2/ORCHESTRA, THE ONLY ORCHESTRA IN THE WORLD CREATED BY AND FOR PEOPLE LIVING WITH MENTAL ILLNESS AND THOSE WHO SUPPORT THEM. CO-FOUNDED BY PITTSBURGH NATIVE RONALD BRAUNSTEIN, ONCE A WORLD-RENOWNED CONDUCTOR WHOSE CAREER WAS SHATTERED WHEN HIS OWN DIAGNOSIS OF BIPOLAR DISORDER WAS MADE PUBLIC, THE MISSION OF THE ORCHESTRA IS TO ERASE STIGMA ONE CONCERT AT A TIME.

#### LOSING LAMBERT: A JOURNEY THROUGH SURVIVAL AND HOPE

THIS DOCUMENTARY FOLLOWS THE EMOTIONAL STORY OF A PITTSBURGH-AREA MOTHER WHO LOST HER 16 YEAR-OLD SON TO SUICIDE. KATHY O'HERN FOWLER WOULD EMERGE AS ONE OF THE REGION'S BEST-KNOWN ADVOCATES FOR "SURVIVORS OF SUICIDE." THE PROGRAM ALSO FOCUSES ON PITTSBURGH RESEARCH INTO SUICIDE RISK FACTORS.

#### UNCERTAINTY: WHY WE'RE SO ANXIOUS ABOUT ANXIETY

THIS DOCUMENTARY EXPLORES ANXIETY DISORDERS, INCLUDING THEIR

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PREVALENCE, SIGNS AND SYMPTOMS, AND WHY THE CONVERSATION ABOUT MENTAL HEALTH IS SO IMPORTANT.

CRAZY

THIS ONE-HOUR DOCUMENTARY FOLLOWS ERIC, A DIAGNOSED SCHIZOPHRENIC FACED WITH A CRITICAL CHOICE WHETHER TO COMPLY WITH TRADITIONAL MENTAL HEALTH TREATMENT OR FOLLOW HIS OWN PATH TO WELLNESS. THE DOCUMENTARY LOOKS AT INVOLUNTARY TREATMENT AND EXPLORES THE BIGGER ISSUES AND QUESTIONS RAISED BY THIS VERY PERSONAL EXPERIENCE.

WQED COMMUNITY IMPACT REPORT

IN JUNE 2021, WE DEBUTED OUR FIRST REPORT TO THE COMMUNITY SINCE 2009. THE REPORT IS UNCONVENTIONAL IN A WAY - IT DOESN'T COVER A CALENDAR YEAR OR OUR FISCAL YEAR. INSTEAD IT COVERS THE YEAR OF THE PANDEMIC.

THE STAR OF THE STORY OVER THE PANDEMIC-YEAR IS OUR WQED FAMILY. EVERYTHING WE DID, AT WARP SPEED, WAS TO RESPOND TO THE NEEDS OF OUR COMMUNITY DURING THIS DIFFICULT TIME. THEY TOLD US THEY WANTED THE FACTS, AS ONLY PUBLIC MEDIA CAN DELIVER; THEY DESPERATELY NEEDED EDUCATIONAL CONTENT, BUT ALSO CRAVED A RESPITE FROM THE STRESS OF THE DAY.

THE STORIES IN THIS REPORT ARE THE VOICES OF OUR CO-WORKERS AND COLLEAGUES, WHO SHARE THEIR EXPERIENCES OF LIFE UNDER COVID. THE TONE IS ONE OF PRIDE - IN DELIVERING ON THE WQED PROMISE OF EDUCATING, ENTERTAINING, AND INSPIRING EVERYONE WE CAN - EVEN UNDER LESS THAN OPTIMAL CONDITIONS.

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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THE REPORT IS AVAILABLE AT [HTTPS://WQED.ORG/COMMUNITYIMPACT/](https://wqed.org/communityimpact/)  
 ONE OF THE GEMS OF THIS REPORT IS THE NEW RICK SEBAK DOCUMENTARY, A  
 VERY QUICK HISTORY OF AN UNUSUAL TELEVISION STATION. THE POST-GAZETTE  
 CAUGHT UP WITH RICK TO LEARN MORE ABOUT TAKING 67 YEARS OF A STORIED  
 HISTORY AND PRODUCING THE CLIFFS NOTES VERSION OF A TRUE CLASSIC.

KING FRIDAY XIII BIRTHDAY + WORLD KINDNESS DAY = WQED CARDIGAN DAY  
 THE STARS AND PLANETS ALIGNED ON FRIDAY, NOVEMBER 13, 2020 WHEN WORLD  
 KINDNESS DAY COINCIDED WITH KING FRIDAY THE XIII'S BIRTHDAY, COMMANDING  
 THE IDEAL TIME TO CELEBRATE WQED'S 3RD ANNUAL CARDIGAN DAY.

IT WAS A DAY OF FESTIVITY ADAPTED FOR COVID TIMES, BEGINNING AT 10 AM  
 WHEN WQED BROUGHT THE PARTY TO THE STREET, ROLLING OUT THE MISTER  
 ROGERS' NEIGHBORHOOD KING FRIDAY XIII CASTLE. THE CASTLE WAS USED IN  
 THE MAJOR MOTION PICTURE A BEAUTIFUL DAY IN THE NEIGHBORHOOD STARRING  
 TOM HANKS.

THE LANE IN FRONT OF THE WQED BUILDING WAS CLOSED, ALLOWING MOTORISTS  
 WITH CHILDREN TO SAFELY PULL UP TO SEE THE CASTLE AND RECEIVE A KID'S  
 KINDNESS BAG. THE KINDNESS BAG CAME FILLED WITH SNACKS, CROWN-MAKING,  
 AND EVERYONE'S FAVORITE - SARRIS CANDIES CHOCOLATES. THE CASTLE WAS  
 AVAILABLE FOR PICTURE TAKING FROM THE CAR, AND WE WERE FORTUNATE THAT  
 THE WEATHER COOPERATED.

BY THE END OF THE FIRST HOUR OF THE EVENT ON NOVEMBER 13, CARDIGAN DAY  
 WAS THE FOURTH-HIGHEST TRENDING TOPIC ON TWITTER FOR PITTSBURGH.

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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PRODUCTION ACTIVITY

RICK SEBAK PROVIDES A VERY QUICK HISTORY OF AN UNUSUAL TELEVISION STATION [HTTPS://WWW.WQED.ORG/COMMUNITYIMPACT/](https://www.wqed.org/communityimpact/)

WQED'S RICK SEBAK PRODUCED A FUN CAPSULE HISTORY OF WQED WITH CLIPS AND MEMORIES FROM FRED ROGERS AND OTHERS. THE NEW DOCUMENTARY INCLUDES RARE FOOTAGE FROM WQED'S EARLIEST DAYS AND UNIQUE INTERVIEWS GATHERED BY RICK THROUGHOUT THE YEARS.

A VERY QUICK HISTORY OF AN UNUSUAL TELEVISION STATION PREMIERED JUNE 14 ON WQED. THE DOCUMENTARY IS ALSO FEATURED IN WQED'S NEW INTERACTIVE COMMUNITY IMPACT REPORT AT [HTTPS://WWW.WQED.ORG/COMMUNITYIMPACT/](https://www.wqed.org/communityimpact/). THE INTERACTIVE ONLINE REPORT PROVIDES AN OVERVIEW OF WQED'S RESPONSE TO THE PANDEMIC THROUGH ITS COMMUNITY PROGRAMMING AND ITS EXPANDED EDUCATIONAL INITIATIVES WHILE SCHOOLS WERE CLOSED.

WQED'S THE GREAT RIDE CONTINUES WITH NEW DIGITAL VIDEO SHORTS AND DOCUMENTARY HIGHLIGHTING LANDMARKS ALONG THE GREAT ALLEGHENY PASSAGE AT [WWW.WQED.ORG/RIDE](http://www.wqed.org/ride)

WQED'S THE GREAT RIDE PREMIERED IN MARCH 2018 WITH AN EXPLORATION OF ONE OF AMERICA'S MOST TREASURED BIKING DESTINATIONS. THE DOCUMENTARY AND ACCOMPANYING ONLINE VIGNETTES COVERED THE ENTIRE 335-MILES OF THE GREAT ALLEGHENY PASSAGE (CUMBERLAND, MD TO PITTSBURGH) AND C&O CANAL TOWPATH (WASHINGTON, DC TO CUMBERLAND, MD). NOW IN NATIONAL DISTRIBUTION THROUGH THE AMERICAN PUBLIC TELEVISION NETWORK, THE 2018 DOCUMENTARY WAS ALSO RECOGNIZED WITH A MID-ATLANTIC EMMY AWARD.

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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THIS YEAR, WQED TOOK A CLOSER LOOK AT 12 LANDMARKS AND POINTS OF INTEREST ADJACENT TO OR NEAR THE GREAT ALLEGHENY PASSAGE (GAP) WITH A SERIES OF TWO-TO-THREE-MINUTE DIGITAL VIDEO SHORTS AT WWW.WQED.ORG/RIDE BEGINNING AUGUST 19 WITH "THE PUMP HOUSE."

BELOW IS THE LINEUP OF DIGITAL VIDEO SHORTS AND POSTING DATES AT WWW.WQED.ORG/RIDE:

THE PUMP HOUSE (GAP MILE MARKER 139.5)

RELEASE DATE: AUGUST 19, 2021

LOCATED AT ONE OF THE GAP'S BUSIEST TRAILHEADS IN MUNHALL, PA, THE AREA INCLUDES THE ORIGINAL BUILDING-TURNED-MUSEUM WHICH HOUSED PLUMBING THAT PULLED WATER FROM THE MONONGAHELA RIVER USED IN STEELMAKING AT THE HOMESTEAD WORKS. IT'S ALSO THE SITE OF A HISTORICALLY SIGNIFICANT AND VIOLENT STEELWORKER UPRISING IN 1892.

OHIOPYLE (GAP MILE MARKER 71.9)

RELEASE DATE: AUGUST 26, 2021

EXTREMELY POPULAR WITH BIKERS, HIKERS AND TOURISTS, THE STATE PARK IN FAYETTE COUNTY, PA OFFERS BEAUTIFUL SCENERY AND OPPORTUNITIES FOR MANY OUTDOOR ACTIVITIES IN AND AROUND THE YOUGHIOGHENY RIVER: WHITEWATER RAFTING, FISHING, AND HIKING.

DRAVO CEMETERY (GAP MILE MARKER 122.6)

RELEASE DATE: SEPTEMBER 2, 2021

SIX MILES UPRIVER FROM BOSTON IN ALLEGHENY COUNTY, THIS OLD CEMETERY IN ELIZABETH TOWNSHIP CONTAINS THE GRAVES OF SOLDIERS DATING BACK TO THE

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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CIVIL WAR. IT'S ANOTHER "MUST SEE" FOR BIKERS ON THE GAP, AND LOCAL  
LEGEND SAYS IT'S HAUNTED.

WHITSETT (GAP MILE MARKER 104.1)

RELEASE DATE: SEPTEMBER 9, 2021

THIS FORMER "COAL PATCH" TOWN IN FAYETTE COUNTY IS LOCATED STEPS FROM  
THE GAP TRAIL. THE HOUSES WERE BUILT BY THE COAL COMPANY FOR THE  
FAMILIES OF MEN WHO WORKED THE MINES. THE VILLAGE IS A GOOD EXAMPLE OF  
COMMUNITIES THAT WERE BUILT AND OWNED BY THE COAL COMPANIES THAT DOTTED  
WESTERN PENNSYLVANIA IN THE EARLY 1900S.

YOUGHIOGHENY RIVER LAKE (GAP MILE MARKER 61.4)

RELEASE DATE: SEPTEMBER 16, 2021

THE FLOOD CONTROL RESERVOIR IN SOUTHWESTERN PENNSYLVANIA AND WESTERN  
MARYLAND HAS BECOME A TOURIST ATTRACTION AND POPULAR FISHING SPOT. THE  
LAKE WAS FORMED IN 1944 BY DAMMING THE YOUGHIOGHENY RIVER UPSTREAM FROM  
CONFLUENCE, PA.

WHERE KENNYWOOD COASTERS MEET THE TRAIL (GAP MILE MARKER 140.5)

RELEASE DATE: SEPTEMBER 23, 2021

THE GAP RUNS RIGHT PAST THE HISTORIC WEST MIFFLIN AMUSEMENT PARK THAT  
DATES TO 1899. CYCLISTS AND HIKERS GET AN UP-CLOSE LOOK AS THE PARK'S  
ROLLER COASTERS ROAR OVER A HILLSIDE THAT PLUNGES TOWARDS THE TRAIL AND  
THE MONONGAHELA RIVER.

CUMBERLAND MULE STATUE (GAP MILE MARKER 0)

RELEASE DATE: SEPTEMBER 30, 2021

THE BRONZE STATUE HONORS THE FAMILIES WHO LIVED AND WORKED ON THE BOATS

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THAT CARRIED COAL UP AND DOWN THE C&O CANAL. THE STATUE DEPICTS A MULE THAT PULLED THE BOAT AND A YOUNG BOY WHO LED THE MULE. IT MARKS THE EASTERN TERMINUS/STARTING POINT OF THE GAP TRAIL AT MILE ZERO IN CUMBERLAND, MD.

MASON AND DIXON LINE (GAP MILE MARKER 20.5)

RELEASE DATE: OCTOBER 7, 2021

THE GAP TRAIL CUTS RIGHT THROUGH THE LINE WHICH FORMED THE BOUNDARY BETWEEN PENNSYLVANIA AND MARYLAND, DEMARCATING THE NORTH FROM THE SOUTH. FIVE MILES NORTH OF FROSTBURG, MD, THIS POPULAR PHOTO OP IS MARKED WITH A CLEVER SERIES OF CONCRETE BLOCKS AND A PILLAR MONUMENT.

EASTERN CONTINENTAL DIVIDE (GAP MILE MARKER 23.7)

RELEASE DATE: OCTOBER 14, 2021

KNOWN AS A HYDROGRAPHIC, OR DRAINAGE DIVIDE, IT MARKS THE POINT THAT SEPARATES U.S. WATERS FLOWING TO THE ATLANTIC OCEAN FROM THOSE FLOWING TO THE GULF OF MEXICO. A MOSAIC AT THE SITE NEAR DEAL, PA PROVIDES COLORFUL ART, WHILE A SMALL UNDERPASS/TUNNEL OFFERS COOL, WELCOMING RELIEF ON HOT DAYS

FROSTBURG TRAILHEAD (GAP MILE MARKER 15.5)

RELEASE DATE: OCTOBER 21, 2021

THE TOWN OF FROSTBURG, MARYLAND LIES UP A STEEP HILL FROM THE TRAIL. THE TRAILHEAD IS KNOWN FOR ITS SWITCHBACK BIKE PATH, WHICH GIVES CYCLISTS A LESS-STRENUOUS ZIGZAG ROUTE TO THE TOWN AND THE OPPORTUNITY TO ADMIRE UNIQUE SCULPTURES ALONG THE WAY.

DEAD MAN'S HOLLOW (GAP MILE MARKER 129.2)

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RELEASE DATE: OCTOBER 28, 2021

THIS 450-ACRE CONSERVATION AREA SITS ALONG THE GAP JUST SOUTH OF MCKEESPORT AND IS CONSIDERED BY SOME TO BE AMONG THE MOST HAUNTED PLACES IN PENNSYLVANIA. THE HOLLOW WAS THE SITE OF A 19TH CENTURY QUARRY AND, LATER, A PIPE FACTORY. SINCE THEN, THE AREA HAS CONJURED LEGENDS OF MURDER, DROWNINGS, AND UNTIMELY DEATHS.

WINTER IN CEDAR CREEK PARK (GAP MILE MARKER 110.3)

RELEASE DATE: NOVEMBER 4, 2021

EXCEPT FOR THE BIG SAVAGE TUNNEL, THE GAP TRAIL IS OPEN YEAR-ROUND, INCLUDING WINTER MONTHS. IT'S A TIME MANY HIKERS AND CROSS-COUNTRY SKIERS ENJOY THE QUIETER, SNOWY SCENE ON THE TRAIL AS IT CUTS THROUGH A FAVORITE PARK ALONG THE YOUGHIOGHENY RIVER IN WESTMORELAND COUNTY, PA.

THE VIDEOS WERE COMPILED INTO A ONE-HOUR BROADCAST DOCUMENTARY TO AIR ON WQED.

WQED'S COMPANION WEBSITE FOR THE PROJECT AT WWW.WQED.ORG/RIDE INCLUDES THE 12 NEW DIGITAL VIDEOS ALONG WITH THOSE PRODUCED DURING THE 2018 PROJECT. EDUCATIONAL ASSETS WILL ACCOMPANY THE ONLINE VIDEOS.

CHILDHOOD LOST: THE ADULTIFICATION OF AFRICAN AMERICAN GIRLS

ADULTIFICATION: IT'S A DISTURBING PHENOMENON THAT'S HAPPENING ACROSS THE COUNTRY AND WITH NOTABLE IMPACT RIGHT HERE IN THE PITTSBURGH REGION. ADULTIFICATION IS A TERM USED TO DESCRIBE THE PERCEPTION THAT AFRICAN AMERICAN GIRLS ARE MORE ADULT, MORE AGGRESSIVE, MORE SEXUALLY AWARE AND LESS IN NEED OF SUPPORT AND CARE THAN THEIR WHITE COUNTERPARTS.



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IT'S AN ISSUE THAT CAN HAVE LIFELONG, GENERATIONAL IMPLICATIONS FROM LOST EDUCATIONAL OPPORTUNITIES, TO THE THREAT OF SEXUAL VIOLENCE AND A DIRECT LINK TO THE SCHOOL-TO-PRISON PIPELINE FOR AFRICAN AMERICAN GIRLS.

CHILDHOOD LOST: THE ADULTIFICATION OF AFRICAN AMERICAN GIRLS PREMIERED NOVEMBER 19 AND WAS REBROADCAST ON NOVEMBER 23. THE THIRTY-MINUTE DOCUMENTARY SEEKS TO RAISE PUBLIC AWARENESS AROUND THIS IMPORTANT ISSUE.

WQED'S WEBSITE WWW.WQED.ORG/CHILDHOODLOST FEATURE A SERIES OF SHORT VIDEO VIGNETTES, FEATURING AFRICAN AMERICAN GIRLS FROM THE DOCUMENTARY AND BEHIND-THE-SCENES STORIES.

THE DOCUMENTARY IS PART OF A MULTIPLATFORM INITIATIVE. WQED PARTNERED WITH LOCAL COMMUNITY LEADERS AMACHI PITTSBURGH AND FASHIONAFRICANA AND MEDIA PARTNER PUBLIC SOURCE TO PROVIDE EDUCATIONAL RESOURCES, ENCOURAGE COMMUNITY CONVERSATION, SHARE COVERAGE AND CELEBRATE THE LIVES OF AFRICAN AMERICAN GIRLS.

AMACHI PITTSBURGH SERVES CHILDREN OF INCARCERATED PARENTS AND AT-RISK YOUTH. AMACHI HELD A VIRTUAL PANEL DISCUSSION FEATURING COMMUNITY LEADERS AND WAS HOSTED BY EXECUTIVE DIRECTOR ANNA E. HOLLIS, IMMEDIATELY FOLLOWING THE DOCUMENTARY BROADCAST. AMACHI ALSO PUBLISHED A RESOURCE GUIDE WITH INFORMATION ON ISSUES IMPORTANT TO AFRICAN AMERICAN GIRLS.

THE AWARD-WINNING PUBLIC MEDIA OUTLET PUBLIC SOURCE LAUNCHED ITS "I AM A BLACK GIRL AND" PROJECT TO EXPLORE THE INTERSECTING FACTORS THAT

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IMPACT THE LIVES OF BLACK GIRLS AND WOMEN IN OUR REGION. WQED WILL  
SHARE STORIES AND LINKS ACROSS OUR WEB PLATFORMS.

THE INITIATIVE WAS MADE POSSIBLE WITH FUNDING FROM THE HEINZ ENDOWMENTS  
AND MAJOR SUPPORT FROM UPMC HILLMAN CANCER CENTER AND UPMC MAGEE-WOMENS  
HOSPITAL; AND ADDITIONAL FUNDING FROM XFINITY AND COMCAST'S KEYSTONE  
REGION; POINT PARK UNIVERSITY; OAKLAND CATHOLIC HIGH SCHOOL; AND URBAN  
PATHWAYS 6-12 CHARTER SCHOOL.

STARVED: OUR FOOD INSECURITY CRISIS

MORE THAN A MILLION PEOPLE IN PENNSYLVANIA ARE HUNGRY BECAUSE THEY  
CANNOT AFFORD OR DO NOT HAVE ACCESS TO HEALTHY FOOD. MANY OTHERS ARE  
UNSURE OF HOW, OR WHERE THEY MIGHT GET THEIR NEXT PROPER MEAL. AND NOW,  
THE PANDEMIC HAS EXPOSED THE GAPS IN THE FOOD SYSTEMS IN WESTERN  
PENNSYLVANIA.

WQED'S LOCAL DOCUMENTARY EXAMINED FOOD INSECURITY AFFECTING THOUSANDS  
IN THE REGION. STARVED: OUR FOOD INSECURITY CRISIS PREMIERED NOVEMBER 5  
AND WAS REBROADCAST ON NOVEMBER 9.

FOR SOME, FOOD INSECURITY IS A MATTER OF FINANCIAL NEED. BUT OFTEN,  
ENTIRE COMMUNITIES ARE CUT OFF FROM PROPER NUTRITION BECAUSE THERE ARE  
NO GROCERY STORES NEARBY. THESE SO-CALLED "FOOD DESERTS" ARE NOT THE  
ONLY CHALLENGE. SOME NEIGHBORHOODS HAVE TURNED INTO "FOOD SWAMPS" -  
WITH A PROLIFERATION OF FAST-FOOD RESTAURANTS AND NO HEALTHY OPTIONS.

THE CORONAVIRUS PANDEMIC HAS COMPOUNDED THE PROBLEM, CREATING HOME

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ISOLATION AND LIMITED ACCESS TO NUTRITIOUS FOOD. THIS DOCUMENTARY EXAMINES FOOD INSECURITY AS A SOCIETAL PROBLEM, IDENTIFYING THE CAUSES AND EXPLORING THE MANY WAYS IN WHICH THE GOVERNMENT, NON-PROFITS, FARMERS AND INDIVIDUALS ARE WORKING TO BRING NUTRITIOUS MEALS TO THE TABLES OF THOSE WHO NEED IT. THE DOCUMENTARY FOCUSES ON DIVERSE REGIONS OF WESTERN PENNSYLVANIA HURT BY FOOD INSECURITY, INCLUDING HOMEWOOD, CLAIRTON, GREENE COUNTY AND ERIE.

FILMMAKERS CORNER BEGINS 12TH SEASON OF HIGHLIGHTING LOCAL FILMS AND DOCUMENTARIES

WQED KICKED OFF THE 12TH SEASON OF FILMMAKERS CORNER, THE WEEKLY ANTHOLOGY SERIES THAT HIGHLIGHTS THE WORK OF LOCAL FILMMAKERS. HOSTED BY WQED PRODUCER MINETTE SEATE SINCE ITS INCEPTION, FILMMAKERS CORNER PRESENTS DOCUMENTARIES AND FILMS FROM LOCAL PRODUCERS WHOSE PRODUCTIONS SOMETIMES DO NOT GET THE EXPOSURE THEY DESERVE. MANY SEGMENTS INCLUDE AN INTERVIEW HOSTED BY MINETTE WITH INDIVIDUAL PRODUCERS TALKING ABOUT THEIR FILMS.

SEASON 12 OF FILMMAKERS CORNER PREMIERED NOVEMBER 21 WITH THE DOCUMENTARY WE LEFT AS BROTHERS.

THE DOCUMENTARY RECOUNTS THE JOURNEY OF SIX VIETNAM VETERANS WHO RETURN TO VIETNAM ON A JOURNEY OF DISCOVERY AND HEALING AND WITH THE SUPPORT OF A LARGER GROUP FROM THE VETERANS BREAKFAST CLUB. WE JOIN THE GROUP AS THEY RETRACE THEIR STEPS THROUGH A COUNTRY MUCH CHANGED SINCE THEIR DAYS OF SERVICE AND SHARE THE EMOTIONAL STORIES THAT BROUGHT THEM TOGETHER. THE VETERANS BREAKFAST CLUB IS A LOCAL NON-PROFIT DEDICATED TO TELLING THE STORIES AND PRESERVING THE HISTORIES OF AREA VETERANS.

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ADDITIONAL EPISODES OF FILMMAKERS CORNER IN THE 2020-21 SEASON INCLUDED A PROFILE OF THE 48 HOUR FILM PROJECT PITTSBURGH, NEW FILMS FROM THE STEELTOWN TEENS, A LOOK AT THE ACTION ADVENTURE SERIES HEROINEBURGH, AS WELL AS AN ARRAY OF DOCUMENTARIES, THRILLERS AND FESTIVAL FAVORITES.

OUT OF THE WOODS: BATTLEFIELDS OF WESTERN PENNSYLVANIA

SOUTHWESTERN PENNSYLVANIA PLAYED A KEY ROLE IN A WAR THAT LED TO THE AMERICAN REVOLUTION IN THE 18TH CENTURY. MANY OF THE KEY SITES OF THE CONFLICT ARE PRESERVED AND RESTORED FOR FUTURE GENERATIONS. A NEW WQED DOCUMENTARY PROVIDES INSIGHT TO THESE HISTORIC BATTLEFIELD SITES.

OUT OF THE WOODS: BATTLEFIELDS OF WESTERN PENNSYLVANIA PREMIERED JANUARY 14 ON WQED.

FEBRUARY 19 AT WWW.WQED.ORG/BLACKHORIZONS

JULIAN BOND WAS A LEGENDARY LEADER IN THE AMERICAN CIVIL RIGHTS MOVEMENT. HE CO-FOUNDED SNCC, THE SOUTHERN NON VIOLENT COORDINATING COMMITTEE AND FOUGHT ON THE FRONT LINES AGAINST SEGREGATION AND DISCRIMINATION. IN 2003, CHRIS MOORE HAD THE OPPORTUNITY TO SPEAK WITH MR. BOND DURING A TRIP TO PITTSBURGH. THESE ARE HIGHLIGHTS FROM THAT INTERVIEW.

FEBRUARY 26 AT WWW.WQED.ORG/BLACKHORIZONS

IT WAS AN AUSPICIOUS OCCASION FOR THE HISTORIC CIVIL RIGHTS ORGANIZATION AND THE CITY. IN JULY OF 1997, THE NAACP HELD ITS NATIONAL CONVENTION IN PITTSBURGH FOR THE FIRST TIME. BLACK HORIZONS WAS THERE,

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INTERVIEWING CIVIL RIGHTS ROYALTY MYRLIE EVERS AND KWEISI MFUME.

BLACK HORIZONS WAS THE NATION'S LONGEST RUNNING SERIES AIMED AT THE AFRICAN AMERICAN AUDIENCE AND WENT ON THE AIR IN 1968. CHRIS MOORE TOOK OVER THE PROGRAM IN 1980 AND WAS LATER JOINED BY PRODUCER MINETTE SEATE, BEFORE THE PROGRAM EVOLVED INTO WQED'S HORIZONS IN THE 2000S.

LOCAL AND NATIONAL FIGURES WERE INTERVIEWED ON THE WEEKLY PUBLIC AFFAIRS PROGRAM OVER ITS MULTI-DECADE RUN. ALEX HALEY APPEARED ON BLACK HORIZONS BEFORE THE "ROOTS" MINI-SERIES MADE HIM A BIG STAR. AS WELL AS NATIONAL URBAN LEAGUE PRESIDENT MARK MORIAL, CIVIL RIGHTS LEADER JULIAN BOND, R&B STAR JEFFREY OSBORNE AND MANY OTHERS. A VARIETY OF PERFORMERS, EDUCATORS AND ACTIVISTS HAVE APPEARED INCLUDING: OPERA STAR DEMARIUS COOPER, ARTIST PRODUCER EMMAI ALAQUIVA AND HIP HOP ON LOCK, B-PEP PRESIDENT TIM STEPHENS, DR. VERNELL LILLIE AND THE ACTORS OF THE KUNTU REPERTORY THEATRE, JAZZ GREAT NATHAN DAVIS AND ARTIST VANESSA GERMAN.

WHETHER A PUBLIC AFFAIRS PROGRAM EXAMINING SOME MODERN SOCIAL ILL OR A CULTURAL AFFAIRS PROGRAM CELEBRATING AFRICAN HERITAGE, BLACK HORIZONS WAS THE TELEVISION SHOW THAT PITTSBURGHERS TUNED IN TO FOR INFORMATION ABOUT THE BLACK COMMUNITY.

WQED SESSIONS

[HTTPS://WQED.ORG/SESSIONS](https://wqed.org/sessions)

WQED SESSIONS IS A DIGITAL FIRST SERIES SHOWCASING LOCAL MUSICIANS. NEW INSTALLMENTS PREMIERE EVERY TWO TO THREE WEEKS AND VIEWERS CAN FOLLOW THE SHOW AND KEEP UP TO DATE ON UPCOMING WEBISODES.

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RECENT INSTALLMENTS FEATURED THE SONG "FUTURE TRIPPING" BY JON BINDLEY OF BINDLEY HARDWARE CO.; PHAT MAN DEE, A COSMIC JAZZ CABARET VOCALIST, BAND LEADER AND MUSIC EDUCATOR; AND TOMI ADEBAYO, WHO USES AN ELECTRIC VIOLIN WITH A LOOPING PEDAL TO BUILD HER OWN ORCHESTRA.

ANOTHER EPISODE FEATURED JAZZ SINGER ETTA COX AND PIANIST DANIEL MAY. LEGENDARY IN THE JAZZ COMMUNITY, ETTA IS ALSO A TEACHER AT THE PITTSBURGH CREATIVE AND PERFORMING ARTS HIGH SCHOOL WHERE SHE CARRIES ON THE MUSICAL STYLE SO DEAR TO HER.

#### WQED DIGITAL DOCS

CREATED FOR DIGITAL VIEWING, THIS ONGOING SERIES OF DOCUMENTARY SHORTS EXPLORES FASCINATING TOPICS, PEOPLE AND PLACES. THESE IN-DEPTH MINI-DOCUMENTARIES ARE DESIGNED FOR WEB, SOCIAL MEDIA AND EDUCATIONAL DISTRIBUTION. HISTORY, HUMAN INTEREST, SOCIAL CONCERNS, MEDICAL ADVANCES, SPORTS AND MORE. THE SERIES INCLUDES:

#### A CRITICAL CONNECTION

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=HR6PDRCL309\\_ATIBSVPDA](https://www.wqed.org/digitaldocs#overlay-player=hr6pdrcl309_atibsvpda)  
A LOOK AT DIFFICULTIES TEENS HAVE IN DISCUSSING MENTAL HEALTH ISSUES WITH THEIR PARENTS.

#### BEHIND ENEMY LINES

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=HR6PDRCL309\\_ATIBSVPDA](https://www.wqed.org/digitaldocs#overlay-player=hr6pdrcl309_atibsvpda)

SHOT DOWN TWO WEEKS BEFORE D-DAY, P-47 FIGHTER PILOT WALLY KING

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EXPERIENCED THE TURMOIL FIRST-HAND. NOW 97 AND LIVING IN NEW WILMINGTON, MR. KING RELIVES THE UNCERTAINTY AND DESPERATION, ALONG WITH UNEXPECTED MOMENTS OF HUMANITY.

EMMA WRITT: PITTSBURGH'S PIONEERING SUFFRAGIST

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=RL\\_IERQR8TG](https://www.wqed.org/digitaldocs#overlay-player=RL_IERQR8TG)

IN PITTSBURGH'S AFRICAN AMERICAN COMMUNITY, THE SUFFRAGE MOVEMENT WAS VIBRANT, AND IT GREW OUT OF WOMEN'S READING CLUBS.

MARY LOU CHAPMAN: A REMARKABLE LIFE

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=VXXD6E6TSJE](https://www.wqed.org/digitaldocs#overlay-player=VXXD6E6TSJE)

THE LATE MARY LOU CHAPMAN WAS FEATURED IN THE DOCUMENTARY FINDING ELIZABETH'S SOLDIERS. HER SERVICE IN WORLD WAR II AND HER DECADES OF WORK WITH THE AMERICAN RED CROSS WERE ONLY TWO OF THE FASCINATING FACETS OF HER LIFE.

AUGUST WILSON PARK: YOU PLAN RIGHT

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=VFSI3Y2J3GO](https://www.wqed.org/digitaldocs#overlay-player=VFSI3Y2J3GO)

PITTSBURGH PARKS CONSERVANCY AND OTHER AGENCIES WORKED CLOSELY WITH THE COMMUNITY TO TRANSFORM THE HILL DISTRICT'S RUNDOWN CLIFFSIDE PARK INTO A NATURE SANCTUARY THAT SERVES THE NEEDS OF ITS NEIGHBORS.

LYNNE HAYES-FREELAND: A DETERMINED VOICE

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=-Z073PGLO5U](https://www.wqed.org/digitaldocs#overlay-player=-Z073PGLO5U)

THE RESPECTED TELEVISION JOURNALIST AND RADIO PERSONALITY REFLECTS ON HER REMARKABLE CAREER, LONG-RUNNING MINORITY AFFAIRS TELEVISION PROGRAM, AND HER CONCERN ABOUT WHO WILL PICK UP THE TORCH AFTER COMMUNITY-MINDED BROADCASTERS OF HER GENERATION SIGN OFF.

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## GIFT OF ART

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=D7DSCJQZMCINRTBSLRXWYA](https://www.wqed.org/digitaldocs#overlay-player=D7DSCJQZMCINRTBSLRXWYA)

STEVE MENDELSON TAKES HIS GALLERY TO THE STREET TO SPREAD JOY DURING THE PANDEMIC.

## AUTISM: BEHIND THE LENS

[HTTPS://WWW.WQED.ORG/DIGITALDOCS#OVERLAY-PLAYER=YJTLGHZ1NKE](https://www.wqed.org/digitaldocs#overlay-player=YJTLGHZ1NKE)

FOR YOUNG PEOPLE WITH AUTISM AND ON THE SPECTRUM, HIGH SCHOOL YEARS CAN BE DIFFICULT, ESPECIALLY WHEN IT COMES TO COMMUNICATION. BUT FILMMAKING IS OPENING NEW DOORS FOR THEM.

## PROGRAM CONTENT IN OTHER LANGUAGES

TWO ONLINE VIGNETTES OF THE SERIES "A MATTER OF TRUST: COVID-19 VACCINES" WERE PRODUCED IN SPANISH.

WQED AND ROBOTWITS' 2020 PARTNERING TO PRODUCE "THE ROBOT DOCTOR," AN EIGHT-EPIISODE TELEVISION SERIES TO EXTEND ROBOTICS AND MATHEMATICS LESSONS TO STUDENTS WHO MAY NOT HAVE ACCESS TO THE INTERNET, WAS RE-BROADCAST WITH THE ADDITION OF AMERICAN SIGN LANGUAGE (ASL). THE EIGHT 14-MINUTE EPISODES HAVE NOW BEEN ENHANCED WITH THE ADDITION OF ASL THROUGH A GRANT FROM THE PENNSYLVANIA DEPARTMENT OF EDUCATION TO FURTHER SUPPORT PENNSYLVANIA PBS LEARNING AT HOME CONTENT.

## COMMUNITY OUTREACH

FUTURE JOBS PROJECT ADAPTED TO PANDEMIC DEMANDS



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WQED EMBARKED ON A HIGH-PROFILE MULTIMEDIA INITIATIVE CALLED FUTURE JOBS IN 2018 THAT ADDRESSES THE GROWING ISSUE OF PITTSBURGH'S CHANGING WORKFORCE NEEDS. THE PANDEMIC CREATED AN ADDED URGENCY FOR "RE-SKILLING" AMONG MANY PEOPLE WORKING IN FIELDS THAT HAVE BEEN MOST DRAMATICALLY IMPACTED. FOR THOSE CONSIDERING CAREER CHOICES, OR LOOKING TO GET RE-SKILLED IN THE NEW ECONOMY, THE FUTURE JOBS EVENT IN MAY LOOKED AT OPTIONS IN THE CONSTRUCTION INDUSTRY.

IQ SMARTPARENT JOBS: BUILDING THE FUTURE - OPPORTUNITIES IN CONSTRUCTION

THIS FREE VIRTUAL EVENT WAS MODERATED BY LYNNE HAYES-FREELAND AND HELD ON MAY 6.

THE PRESENTING SPONSOR FOR FUTURE JOBS: BUILDING THE FUTURE IS THE BUILDERS GUILD OF WESTERN PENNSYLVANIA.

THE AUDIENCE HEARD DIRECTLY FROM UNION LEADERS AND CONSTRUCTION INDUSTRY PROFESSIONALS ON HIGH-DEMAND OPPORTUNITIES IN THE BUILDING TRADES, AN INDUSTRY THAT IS PROJECTED TO GROW BY 6.9% OVER THE DECADE.

#### PANELISTS

JEFF NOBERS, BUILDERS GUILD OF WESTERN PENNSYLVANIA

DEXTER HENDRICKS, TURNER CONSTRUCTION CO.

SAUL JIMENEZ, LABORERS' LOCAL #373

TONI MARTIN, CARPENTERS' TRAINING CENTER

JOHN MASCARO, MASCARO CONSTRUCTION CO., LP

RICK PIREAUX, IRON WORKERS LOCAL UNION NO. 3

TIM WISYANSKI, IBEW LOCAL #5

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WQED'S FUTURE JOBS: STARTING OVER

WQED FUTURE JOBS INITIATIVE CONTINUED WITH FUTURE JOBS: STARTING OVER, A NEW DOCUMENTARY THAT PREMIERED MAY 27 ON WQED-TV WITH A REBROADCAST ON MAY 31. THE PROGRAM IS ARCHIVED AT WWW.WQED.ORG/FUTUREJOBS. THIS DOCUMENTARY FOLLOWS SEVERAL WESTERN PENNSYLVANIANS IN VARIOUS STAGES OF IDENTIFYING, TRAINING, AND WORKING IN NEW JOBS - ALL GUIDED BY EMERGING TRENDS IN THE WORKFORCE.

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WQED'S FUTURE JOBS: RESKILLING

THIS VIRTUAL EVENT WAS ON JULY 7 AND MODERATED BY BETH DOLINAR.  
[HTTPS://WWW.EVENTBRITE.COM/E/FUTURE-JOBS-RESKILLING-TICKETS-157100669331](https://www.eventbrite.com/e/future-jobs-reskilling-tickets-157100669331)

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PANELISTS

JANET WILLIAMS

DIRECTOR OF HUMAN RESOURCES AND DIVERSITY

PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES

---

AMY DENNIS

RN, EXCELA HEALTH

DIRECTOR OF LPN PROGRAM, FAYETTE CTI

PROFESSOR, COLORADO STATE UNIVERSITY

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KENDALL GRIFFITH

INSTRUCTOR, RHVAC

TRIANGLE TECH

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JOHN SHEPPARD

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## EDUCATIONAL CONSULTANT

NEW HORIZONS COMPUTER LEARNING CENTERS

CRYSTAL DAUGHTRY

STUDENT AT PITTSBURGH INSTITUTE OF AERONAUTICS

## FUTURE JOBS: CAREERS TO CONSIDER

WQED CONTINUED ITS INITIATIVE SHOWCASING THE REGION'S TRENDING AND FUTURE CAREER PATHS WITH FUTURE JOBS: CAREERS TO CONSIDER, WHICH PREMIERED SEPTEMBER 2 ON WQED.

THIS HALF-HOUR PROGRAM EXPLORES A VARIETY OF CAREERS THAT ARE TRENDING NOT ONLY IN THE PITTSBURGH REGION, BUT ACROSS THE COUNTRY. EACH SEGMENT IS DESIGNED TO GIVE VIEWERS A QUICK BUT INFORMATIONAL LOOK AT EACH CAREER POSSIBILITY, NOTING JOB DUTIES, SALARY RANGES, EDUCATIONAL REQUIREMENTS AND MORE. HIGHLIGHTED ARE WELDING, MEDIA ART, IRONWORKING, ROBOTICS, ELECTRICAL WORK, MANUFACTURING, INFORMATION SECURITY, PROTECTIVE COATING, ADDITIVE MANUFACTURING, COMPLETIONS ENGINEERING DATA ANALYTICS, DIRECT SUPPORT, PHYSICAL THERAPY, AND THE PNC PARTNER UP PROGRAM.

## ABOUT FUTURE JOBS

IN 2018, WQED LAUNCHED FUTURE JOBS, A MAJOR MULTIPLATFORM INITIATIVE TO ADDRESS THE REGION'S WORKFORCE DEVELOPMENT CHALLENGES. FUTURE JOBS WAS EXTREMELY WELL-RECEIVED BY THE COMMUNITY WITH STRONG COMMUNITY ENGAGEMENT AND CRITICAL ACCLAIM INCLUDING A REGIONAL EMMY AWARD FOR THE OUTSTANDING COMMUNITY SERVICE INITIATIVE IN THE MID-ATLANTIC REGION.

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FUTURE JOBS CONTENT, INCLUDING TELEVISION PROGRAMS, A SERIES OF DIGITAL VIDEOS, WEBINARS AND ONLINE RESOURCES, RAISED AWARENESS ABOUT HIGH-DEMAND CAREERS NOW AND IN THE FUTURE, AND HELPED PEOPLE FROM ALL BACKGROUNDS TO CONNECT WITH OPPORTUNITIES FOR TRAINING AND EDUCATION TO ACQUIRE THE NEEDED SKILLS. THIS CONTENT AIRED ON WQED TV AND WAS POSTED ONLINE AND SHARED ON SOCIAL MEDIA TO REACH THE BROADEST POSSIBLE AUDIENCE.

ADDITIONALLY, WQED FACILITATED A SERIES OF IN-SCHOOL SCREENING AND DISCUSSION EVENTS FOR MIDDLE- AND HIGH-SCHOOL STUDENTS. DURING THE 2019-2020 SCHOOL YEAR, OVER 4,000 STUDENTS IN OUR REGION HAVE PARTICIPATED IN FUTURE JOBS EVENTS TO LEARN ABOUT CAREER READINESS, AND THE DEMAND FOR THIS CONTENT BY SCHOOL DISTRICTS CONTINUES TO BE STRONG. ADDITIONAL FUTURE JOBS EVENTS IN THE COMMUNITY HELPED TO BRING THIS INFORMATION TO ADULT JOB SEEKERS AND CAREER CHANGERS.

WQED'S SECOND PHASE OF THE FUTURE JOBS INITIATIVE INCLUDES FOUR TELEVISION PROGRAMS AND A CONTINUATION OF THE DIGITAL VIDEO SERIES. WQED WILL ALSO CONTINUE ITS COMMUNITY OUTREACH EFFORTS, INCLUDING SCREENING AND DISCUSSION EVENTS (VIRTUAL OR IN-SCHOOL) FOR STUDENTS, AND ADDITIONAL EVENTS (VIRTUAL OR IN-PERSON) THROUGH PARTNERSHIP WITH COMMUNITY ORGANIZATIONS SUCH AS CATALYST CONNECTIONS AND THE PITTSBURGH TECHNOLOGY COUNCIL.

BROADENING OUR UNDERSTANDING OF "LEARNING AT HOME" TO "LEARNING NEIGHBORHOODS"

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"LEARNING AT HOME" WAS AN INITIATIVE IN WHICH WQED PARTNERED WITH ALL SEVEN PENNSYLVANIA PUBLIC MEDIA STATIONS DURING THE PANDEMIC. THE RESULT EXCEEDED OUR EXPECTATIONS AND WE'RE GOING TO KEEP THE CONCEPT MOVING FORWARD WITH "LEARNING NEIGHBORHOODS."

LEARNING AT HOME WAS BORN OUT OF THE EXPLOSION OF THE REMOTE-LEARNING NEED THAT WAS CREATED DURING COVID-19. AS MORE PENNSYLVANIA SCHOOLS OPENED THEIR DOORS TO IN-PERSON INSTRUCTION AND CONTINUE TO OFFER HYBRID AND REMOTE OPTIONS TO STUDENTS, IT IS CRITICAL FOR US TO EXAMINE HOW WE USE AND HOW STUDENTS, TEACHERS, SCHOOLS, CAREGIVERS UNDERSTAND "LEARNING NEIGHBORHOODS."

WE KNOW THAT LEARNING DOES NOT STOP WHEN CHILDREN LEAVE THE CLASSROOM; IT DOES NOT STOP WHEN THEY LEAVE HOME. LEARNING HAPPENS WHEN KIDS ARE AT THE GROCERY STORE, WHEN THEY ARE AT THE ZOO, WHEN THEY ARE AT CAMP, WHEN THEY ARE AT THEIR PLACE OF WORSHIP, THEIR DOCTOR'S OFFICE, THE LAUNDROMAT, THE BARBERSHOP, THE NEARBY PARK, AND SO ON LEARNING HAPPENS ALL THE TIME WHEN KIDS ARE OUT IN THE NEIGHBORHOOD. THE CONCEPT OF A LEARNING NEIGHBORHOOD IS A NATURAL OUTGROWTH OF HOW CHILDREN DEVELOP.

WE ALSO KNOW THAT LEARNING REQUIRES A NEIGHBORHOOD OF PARTNERS. A LEARNING NEIGHBORHOOD IS AN ECOSYSTEM OF FORMAL AND INFORMAL LEARNING ENVIRONMENTS AND EXPERIENCES, WORKING TOGETHER IN AN ORGANIZED, INTENTIONAL AND SCAFFOLDED EFFORT TO SUPPORT CHILDREN AND FAMILIES. THIS REQUIRES COORDINATION AND COLLABORATION AMONG SCHOOL LEADERS, TEACHERS, INFORMAL EDUCATORS, FAMILY MEMBERS, LOCAL FOUNDATIONS AND CORPORATIONS.

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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LOCAL PUBLIC MEDIA STATIONS ARE MISSION-DRIVEN TO ENGAGE, EDUCATE, CONNECT, AND ARE IN THE UNIQUE POSITION TO CONVENE THIS WORK ALONGSIDE COMMUNITY PARTNERS, INCLUDING; SCHOOLS, PUBLIC LIBRARIES, MUSEUMS, BUSINESSES, LOCAL CHAMBERS OF COMMERCE AND OTHER STAKEHOLDERS, AS PART OF A LOCAL COLLABORATION DEVOTED TO SUPPORTING THE LEARNING NEEDS OF CHILDREN AND FAMILIES IN OUR COMMUNITIES.

LEARNING NEIGHBORHOODS DEMONSTRATE THE VALUE THAT PUBLIC MEDIA ORGANIZATIONS PROVIDE TO A COMMUNITY, IRRESPECTIVE OF A PANDEMIC. OUR ABILITY TO REACH INTO OUR SCHOOLS AND COMMUNITIES ASSISTS OUR PARTNERS IN CONNECTING DEEPLY TO THEIR COMMUNITIES, MEETING THEIR GOALS, AND SHARING THOSE GOALS WITH STAKEHOLDERS.

WQED SNEAK PEEK AND PANEL DISCUSSION FOR POV DOCUMENTARY STATELESS

THE POV DOCUMENTARY STATELESS BRINGS TO LIGHT THE CRISIS OF THOSE OF HAITIAN DESCENT IN THE DOMINICAN REPUBLIC, MANY OF WHOM HAVE BEEN LEFT STATELESS BY THE DOMINICAN REPUBLIC'S 2013 DECISION TO TAKE AWAY CITIZENSHIP FROM HAITIAN IMMIGRANTS AND THEIR DESCENDANTS.

STATELESS HIGHLIGHTS UNIVERSAL THEMES OF ACCESS TO CITIZENSHIP, MIGRATION AND SYSTEMIC RACISM.

THROUGH WQED'S PARTNERSHIP WITH POV, WE HOSTED A VIRTUAL PANEL DISCUSSION ON JULY 19 HOSTED BY MINETTE SEATE. THE DISCUSSION INCLUDED FILMMAKER MICHLE STEPHENSON, ROSA IRIS, WHO IS FEATURED IN THE FILM, AND ANDRES FRANCO, CITY OF ASYLUM EXECUTIVE DIRECTOR. ROSA IRIS IS A GRASSROOTS ORGANIZER, ATTORNEY AND NOW PITTSBURGHER, WHO WORKS WITH

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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DOMINICAN FAMILIES OF HAITIAN DESCENT TO GAIN THE RIGHTS DENIED TO THEM.

AWARD-WINNING DIRECTOR MICHLE STEPHENSON'S NEW DOCUMENTARY, STATELESS, FOLLOWS THE FAMILIES OF THOSE AFFECTED BY THE 2013 RULING, UNCOVERING THE COMPLEX HISTORY AND PRESENT-DAY POLITICS OF HAITI AND THE DOMINICAN REPUBLIC THROUGH THE GRASSROOTS ELECTORAL CAMPAIGN OF A YOUNG ATTORNEY NAMED ROSA IRIS.

STATELESS HAD ITS NATIONAL BROADCAST PREMIERE ON THE PBS DOCUMENTARY SERIES POV ON WQED ON JULY 19 AFTER OUR VIRTUAL PANEL DISCUSSION.

DESIGN LIVES HERE PROGRAM FOR LOCAL STUDENTS CULMINATES WITH VIRTUAL COMPETITION

THIS YEAR, DESIGN LIVES HERE LOOKED A LITTLE DIFFERENT, BUT WAS STILL A FUN 90-MINUTES OF DESIGN, INVENTION AND COMPETITION FOR HUNDREDS OF LOCAL STUDENTS. THIS WAS THE 12TH YEAR OF THE COMPETITION AND INCLUDED SEVEN RETURNING SCHOOLS FROM PREVIOUS YEARS WITH THE ADDITION OF SIX NEW PARTICIPATING SCHOOLS AND THREE LIBRARIES THAT ARE PART OF WQED'S INQUIRE WITHIN INITIATIVE.

APPROXIMATELY 300 STUDENTS IN GRADES 5-8 REPRESENTED DIFFERENT SOUTHWESTERN PENNSYLVANIA EDUCATIONAL STAKEHOLDERS IN PREPARATION FOR THE CULMINATING COMPETITION DAY OF MARCH 30 WITH A VIRTUAL EVENT [HTTPS://WWW.WQED.ORG/EDUCATION/DESIGNLIVESHERE](https://www.wqed.org/education/designliveshere)

OVER THE LAST ELEVEN YEARS, WQED HAS ENGAGED CLOSE TO 2,300 MIDDLE SCHOOL STUDENTS THROUGH ITS DESIGN LIVES HERE PROGRAM AIMED AT

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ENCOURAGING AREA KIDS TO LEARN MORE ABOUT AND CONSIDER THE VALUE OF A PROFESSION IN ENGINEERING. PARTICIPATING EDUCATORS AND STUDENTS UTILIZED PROVIDED MATERIALS AND THE ENGINEERING DESIGN PROCESS TO ADDRESS STEM CHALLENGES LADEN WITH CONTENT FROM DESIGN SQUAD NATION EPISODES AND INTERACTIVE RESOURCES, WITH SUPPORT FROM LOCAL ENGINEERING MENTORS.

DESIGN LIVES HERE IS MADE POSSIBLE BY HOWMET AEROSPACE FOUNDATION, ARCONIC FOUNDATION, PPG FOUNDATION, MSA SAFETY INCORPORATED (MSA), AND MASTECH DIGITAL. DESIGN LIVES HERE IS PRESENTED BY WQED IN PARTNERSHIP WITH THE ENGINEERS' SOCIETY OF WESTERN PENNSYLVANIA (ESWP).

PARTICIPATING SCHOOLS INCLUDED:

- MARSHALL ELEMENTARY - NORTH ALLEGHENY SCHOOL DISTRICT
- VALLEY JUNIOR SENIOR HIGH SCHOOL - NEW KENSINGTON ARNOLD SCHOOL DISTRICT
- JOHN F. KENNEDY CATHOLIC SCHOOL
- CECIL INTERMEDIATE CANNON MCMILLIAN SCHOOL DISTRICT
- INDEPENDENCE MIDDLE SCHOOL BETHEL PARK SCHOOL DISTRICT
- PROPEL HOMESTEAD
- PROPEL BRADDOCK
- PROPEL MCKEESPORT
- PROPEL MONTOUR MIDDLE SCHOOL
- PROPEL PITCAIRN
- PROPEL HAZELWOOD
- J.E. HARRISON MIDDLE SCHOOL-BALDWIN WHITEHALL SCHOOL DISTRICT
- LAUREL HIGHLANDS MIDDLE SCHOOL WILL HOST THEIR OWN DESIGN LIVES HERE EVENT DAY IN MAY. THE SCHOOL INCLUDES DESIGN LIVES HERE ACTIVITIES AS



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PART OF ITS STEAM CURRICULUM.

WQED INQUIRE WITHIN LIBRARIES PARTICIPATE IN DESIGN LIVES HERE IN THEIR COMMUNITIES ON A SEPARATE SCHEDULE:

BUTLER AREA PUBLIC LIBRARY

CHARTIERS-HOUSTON COMMUNITY LIBRARY

CC MELLOR-EDGEWOOD LIBRARY

DESIGN LIVES HERE IS A STUDENT OUTREACH PROGRAM BASED ON THE PBS SHOW DESIGN SQUAD NATION, A REALITY-STYLE PROGRAM CREATED TO "INSPIRE THE NEXT GENERATION OF ENGINEERS." THE ORIGINAL SHOW FEATURED TEENS ENGAGED IN CHALLENGES ALL OVER THE UNITED STATES AND GLOBE, VYING FOR AVAILABLE SCHOLARSHIPS BY ENGAGING IN THE ENGINEERING DESIGN PROCESS TO DISCOVER SOLUTIONS THAT ADDRESSED VARIOUS CHALLENGES WHICH OCCUR IN THE COMPLEX, YET COMPELLING, WORLD OF ENGINEERING.

WQED AND WELL BEINGS HOST VIRTUAL EVENT ON YOUTH MENTAL HEALTH

A LIVE PANEL DISCUSSION HOSTED BY WQED ON MARCH 10 ENGAGED LOCAL MENTAL HEALTH EXPERTS, PARENTS, TEACHERS AND STUDENTS ON THE TOPIC OF YOUTH MENTAL HEALTH AT WWW.WELLBEINGS.ORG/WQED. PITTSBURGH WAS THE ELEVENTH STOP ON THE NATIONWIDE WELL BEINGS TOUR.

WELL BEINGS AND WQED, IN PARTNERSHIP WITH NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) KEYSTONE PA AND SEVERAL PITTSBURGH AREA SCHOOL DISTRICTS, HOSTED A LIVE VIRTUAL EVENT AND PANEL DISCUSSION "HEALTHY CONNECTIONS: TEENS, PARENTS, EDUCATORS, AND MENTAL HEALTH" TO EXPLORE SPECIFIC TOOLS THAT WILL HELP PARENTS AND TEENS FIND COMMON GROUNDS AND

Name of the organization

WQED MULTIMEDIA

Employer identification number

25-1010296

UNDERSTANDING, WHILE OFFERING GUIDANCE TO EDUCATORS IN RECOGNIZING SIGNS OF MENTAL ILLNESS IN STUDENTS.

SINCE THE COVID-19 PANDEMIC BEGAN, MORE TEENS ARE NOW FINDING HELP IN AN UNEXPECTED WAY: THROUGH SOCIAL MEDIA AND SIMILAR PLATFORMS. VIRTUAL THERAPY HAS BECOME A LIFELINE - ESPECIALLY FOR TEENS WHOSE PARENTS ARE UNABLE OR UNWILLING TO CONNECT WITH THEM ON THE ISSUE OF MENTAL HEALTH.

WELL BEINGS IS A MULTI-PLATFORM, MULTI-YEAR CAMPAIGN FROM PUBLIC MEDIA TO ADDRESS THE CRITICAL HEALTH NEEDS IN AMERICA THROUGH ORIGINAL BROADCAST AND DIGITAL CONTENT, ENGAGEMENT CAMPAIGNS, AND IMPACTFUL LOCAL EVENTS. THE CAMPAIGN BEGINS WITH THE YOUTH MENTAL HEALTH PROJECT, ENGAGING YOUTH VOICES TO CREATE A NATIONAL CONVERSATION, RAISE AWARENESS, ADDRESS STIGMA AND DISCRIMINATION, AND ENCOURAGE COMPASSION.

WELL BEINGS WAS CREATED BY WETA WASHINGTON, D.C., AND BRINGS TOGETHER PARTNERS FROM ACROSS THE COUNTRY, INCLUDING YOUTH WITH LIVED EXPERIENCE, FAMILIES, CAREGIVERS, TEACHERS, MEDICAL AND MENTAL HEALTH PROFESSIONALS, SOCIAL SERVICE AGENCIES, PRIVATE FOUNDATIONS, FILMMAKERS, CORPORATIONS AND MEDIA SPONSORS, TO CREATE AWARENESS AND RESOURCES FOR BETTER HEALTH AND WELLBEING.

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

FINANCIAL MANAGEMENT REVIEWS A COPY OF THE DRAFT FORM 990. UPON THEIR REVIEW, THE FINANCE, BUSINESS AND OPERATIONS COMMITTEE REVIEWS AN ONLINE COPY POSTED TO THE BOARD PORTAL. A QUOROM OF THE COMMITTEE DISCUSSES AND APPROVES THE RETURN IN A CONFERENCE CALL OR MEETING. SUBSEQUENT TO APPROVAL

Name of the organization WQED MULTIMEDIA	Employer identification number 25-1010296
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BY THE FINANCE, BUSINESS AND OPERATIONS COMMITTEE ALL MEMBERS OF THE BOARD REVIEW THE FINAL 990 BY ACCESSING THE BOARD PORTAL BEFORE IT IS FILED.

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

EVERY YEAR EACH BOARD MEMBER IS REQUIRED TO COMPLETE A NEW CONFLICTS QUESTIONNAIRE WHICH ADDRESSES ALL THE POINTS IN THE CONFLICT OF INTEREST POLICY. THE FORMS ARE REVIEWED AND MONITORED BY FINANCIAL MANAGEMENT.

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

WQED MULTIMEDIA IS A PUBLIC TV AND RADIO OPERATOR OF WHICH THERE IS A LARGER NETWORK; THEREFORE BASED ON THE TYPE AND DEMOGRAPHICS, THERE IS COMPARABLE COMPENSATION AVAILABLE ON AN ONGOING BASIS. EVERY THREE OR FOUR YEARS, OR AS DEEMED NECESSARY, AN INDEPENDENT SALARY CONSULTANT DOES 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 ORGANIZATIONS AS A GUIDELINE. ALL COMPENSATION AMOUNTS ARE BASED ON MARKET RATES AND ARE DETERMINED TO BE REASONABLE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XII, QUESTION 2C, OVERSIGHT OF FINANCIAL STATEMENT AUDIT:

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **WQED MULTIMEDIA** Employer identification number **25-1010296**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WQED PRODUCTIONS, LLC - 01-0682712 4802 FIFTH AVE PITTSBURGH, PA 15213	EDUCATIONAL MEDIA	PENNSYLVANIA			N/A
WQED STEELTOWN INCUBATOR, LLC - 46-3202196 4802 FIFTH AVE PITTSBURGH, PA 15213	MEDIA	PENNSYLVANIA			N/A

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

**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 .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				







# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990-T PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
SEPTEMBER 30, 2021

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**PREPARED FOR:**

WQED MULTIMEDIA  
4802 FIFTH AVENUE  
PITTSBURGH, PA 15213

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**PREPARED BY:**

SCHNEIDER DOWNS & CO., INC.  
ONE PPG PLACE, SUITE 1700  
PITTSBURGH, PA 15222

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WQED MULTIMEDIA</b>	Taxpayer identification number (TIN) <b>25-1010296</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4802 FIFTH AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PITTSBURGH, PA 15213</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MIKE WARUSZEWSKI**

- The books are in the care of ▶ **4802 FIFTH AVENUE - PITTSBURGH, PA 15213**  
Telephone No. ▶ **412-622-1503** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990-T**

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning OCT 1, 2020, and ending SEP 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section	<b>Print or Type</b>	<b>WQED MULTIMEDIA</b>	<b>25-1010296</b>
<input checked="" type="checkbox"/> 501(c)(3) )		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E</b> Group exemption number (see instructions)
408(e) 220(e) 408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... ▶ <b>26,860,609.</b>	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation    501(c) trust    401(a) trust    Other trust    Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ Claim credit from Form 8941    Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes <input checked="" type="checkbox"/> No			
If "Yes," enter the name and identifying number of the parent corporation. ▶			
<b>L</b> The books are in care of ▶ <b>MIKE WARUSZEWSKI</b> Telephone number ▶ <b>412-622-1503</b>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	2,044.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	2,044.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	2,044.
6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>	6	2,044.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
<input type="checkbox"/> Form 4136 .....			
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....	\$ .....		
4a Did the organization change its method of accounting? (see instructions) .....			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	Title <b>VP MEMBERSHIP</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SUSAN M. KIRSCH	SUSAN M. KIRSCH		PTIN P00341397
	Firm's name ▶ SCHNEIDER DOWNS & CO., INC.	Firm's EIN ▶ 25-1408703		
Firm's address ▶ ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222	Phone no. 412-261-3644			

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	246,042.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	2,044.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE
<u>1</u>	<u>0.</u>

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	2,044.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	243,998.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>WQED MULTIMEDIA</b>	<b>B</b> Employer identification number <b>25-1010296</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>532000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **FACILITY RENTAL**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>20,715.</b>	<b>10,973.</b>	<b>9,742.</b>
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>20,715.</b>	<b>10,973.</b>	<b>9,742.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	<b>5,477.</b>
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>SEE STATEMENT 2</b>		<b>2,221.</b>
<b>15 Total deductions.</b> Add lines 1 through 14		<b>15</b>	<b>7,698.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	<b>2,044.</b>
<b>17</b> Deduction for net operating loss (see instructions)		<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	<b>2,044.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  OTHER MISCELLANEOUS PROJECT 4802 FIFTH AVE, PITTSBURGH, PA 15213

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	20,715.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	20,715.			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	20,715.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 3</u>	10,973.			
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	10,973.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8.

Table with 4 columns (A, B, C, D) and 4 rows (Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information input.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

OTHER EXPENSES

2,221.

TOTAL TO SCHEDULE A, PART II, LINE 14

2,221.

FORM 990-T (A)

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 3

DESCRIPTION

ACTIVITY NUMBER

AMOUNT

TOTAL

DEDUCTIONS DIRECTLY RELATED TO  
NON-EXEMPT REVENUE  
FACILITIES EXPENSE

9,511.

1,462.

- SUBTOTAL - 2

10,973.

TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4

10,973.