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Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

| Interna                        | al Reve   | nue Servic  | ce   |               |                               |                  |               |                           |          | Inspect                    | HOII      |
|--------------------------------|---|---|--|---------------|-------------------------------|------------------|---------------|---------------------------|----------|----------------------------|-----------|
| A F                            | or the  | 2015 ca   | lendar year, or tax yea                          | ar beginnin   | g 07-01-2015 , and            | ending 06-30-2   | 016           |                           |          | , <del></del>              |           |
| B Che                          | eck if a  | pplicable   | C Name of organization<br>PUBLIC BROADCASTING    | SERVICE       |                               |                  |               | D Emp                     | loyer i  | dentification nun          | nber      |
| ☐ Ac                           | ddress o  | change  |  |               |                               |                  |               | 52-0                      | 8992     | 215                        |           |
| _                              |   | •   | Doing business as                                | REAS/INT CF   |                               |                  |               |                           |          |                            |           |
|                                |   | urn   |  |               |                               |                  |               | E Talan                   | h        |                            |           |
|                                |   | ated  |  |               | ail is not delivered to stree | t address) Room/ | suite         | E Telep                   | none n   | umber                      |           |
| Am                             | nended  | return  |  |               |                               |                  |               | (703                      | 3)739    | 9-5000                     |           |
| ПАр                            | plication   | n pending   | City or town, state or pi<br>ARLINGTON, VA 22202 |               | try, and ZIP or foreign pos   | tal code         |               | C Cross                   |          | ata # 706 E40 270          |           |
|                                |   |   | E Name and address                               | c of princip  | al officer                    |                  | 1 >           |                           | •        | ots \$ 786,548,270         |           |
|                                |   |   | Paula A Kerger                                   | s of princip  | ai oilicei                    |                  |               | s this a grouubordinates  |          | ırn for                    | Yes 🗸     |
|                                |   |   |  |               | _O O R                        |                  |               | No                        |          | ı                          | res       |
| r Ta                           | PUBLIC BROĞOCASTING SERVICE  As THOMAS TROMO TREAS/IT C F  Derig business and  Whether and depend for PC box of mad is not delivared to street address)   Room/public  Treat  Whether and depend for PC box of mad is not delivared to street address)   Room/public  Treat  Whether and depend for PC box of mad is not delivared to street address)   Room/public  Treat  Whether and depend for PC box of mad is not delivared to street address)   Room/public  Treat  Whether and depend for PC box of mad is not delivared to street address)   Room/public  Treat  Treat  Whether and depend for PC box of mad is not delivared to street address)   Room/public  P but a kerger   Public Broß (3)   Sol(c) ()   (Insent no)   4947(a)(1) or   522   Public Broß (3)   Sol(c) ()   (Insent no)   4947(a)(1) or   522   Public Broß (3)   Sol(c) ()   (Insent no)   4947(a)(1) or   522   Public Broß (3)   Sol(c) ()   (Insent no)   4947(a)(1) or   522   Public Broß (4)   Public Broß |   | re all subor                                     | dınate        | Yes                           | s $\Gamma$ No    |               |                           |          |                            |           |
|                                |   |   |  | 1(c) ( ) ◀ (ı | nsert no )   4947(a)(         | 1) or   527      |               | ncluded?<br>f "No," attac | h a lis  | st (see instruct           | ions)     |
| J W                            | ebsite  | e:► ww\   | w pbs org  |               |                               |                  | H(c)          | Group exem                | otion i  | number <b>&gt;</b>         |           |
| <b>K</b> Forr                  | n of org  | ganızatıon  | ✓ Corporation  Trust                             | t Associa     | tion                          |                  | <b>L</b> Year | of formation              | 1969     | <b>M</b> State of legal de | omicile D |
| Dа                             | et T  | Sum   | mary   |               |                               |                  |               |                           |          |                            |           |
| - (-                           |   |   |  | n's mission   | or most significant ac        | ctivities        |               |                           |          |                            |           |
|                                | TH  | HE PUBI   | LIC BROADĆASTING                                 | SERVICE       | (PBS), IS A MEMBER            |                  | ZATIONT       | HAT IN PA                 | RTNE     | RSHIP WITH IT              | -S        |
| e)                             | <u> </u>  | EMBER   | STATIONS (CONTIN                                 |               |                               |                  |               |                           |          |                            |           |
| ≘                              | _   |   |  |               |                               |                  |               |                           |          |                            |           |
| Ě                              |   |   |  |               |                               |                  |               |                           |          |                            |           |
| Governance                     | 2 (   | Check th  | ıs box ▶ ┌ ıf the orga                           | nızatıon dıs  | scontinued its operati        | ons or disposed  | d of more th  | nan 25% of i              | ts net   | assets                     |           |
|                                |   |   |  |               |                               |                  |               |                           | 1 _      | 1                          |           |
| <b>ZO</b><br>V^                |   |   | <del>-</del>                                     | -             |                               | 4                |               | 27                        |          |                            |           |
| H.                             |   | 4 Number of independent voting members of the governing body (Part VI, line 1b) |  |               |                               |                  |               |                           |          |                            | 26        |
| Activities &                   |   |   |  |               | 5                             |                  | 583           |                           |          |                            |           |
| ٩                              |   |   | •  |               | * *                           |                  |               |                           | 6        | 2.602                      | 32        |
|                                |   |   |  |               |                               |                  |               |                           | 7a<br>7b | 3,693                      | ,216      |
|                                | U IV  | et unite  | ited business taxable                            | THEOTHE HO    | 1111 01111 330 1, IIIIC 3     | <del></del>      | <del></del>   | Prior Year                | 70       | Current Y                  |           |
|                                | R   | Contri  | hutions and grants (D:                           | art VIII lu   | ne 1h)                        |                  |               | 221,893                   |          |                            | ,742,159  |
| <u>Q</u> i                     |   |   | = -  |               | •                             |                  | ·             | 200,800                   |          |                            | ,147,42   |
| ēn Uē Aē                       |   |   |  |               |                               |                  |               |                           | ,893     |                            | ,425,064  |
| Ŗ.                             |   |   | ,  | •             | • • •                         | •                | ·             | 45,084                    | •        |                            | ,591,218  |
|                                |   |   | ,  | • * *         |                               |                  | ne            | 473,284                   |          |                            | ,905,86   |
|                                |   | 12)   |  |               |                               |                  |               | 4/3,20                    | ,,,10    | 439,                       |           |
|                                | 13  | Grants  | and similar amounts                              | paid (Part    | IX, column (A), lines         | 1-3)             |               | 10,101                    | .,798    | 3,                         | ,235,070  |
|                                |   |   | •  | ,             | . , , , ,                     | -                |               | 0                         |          | (                          |           |
| 82                             | 15  |   |  | n, employe    | e benefits (Part IX, co       | olumn (A), lines |               | 67,136,398                |          | 72,                        | ,928,692  |
| Expenses                       | 16a   | ,   |  | s (Part IX,   | column (A), line 11e)         |                  |               |                           | 0        |                            |           |
| ă                              | b   | Total fu  | ndraising expenses (Part I)                      | X, column (D) | , line 25) ▶ <u>64,850</u>    |                  |               |                           |          |                            |           |
| ш                              | 17  | Other   | expenses (Part IX, co                            | lumn (A), l   | ınes 11a-11d, 11f-2           | 4e)              |               | 442,977                   | ,625     | 435,                       | ,053,666  |
|                                | 18  | Total   | expenses Add lines 1                             | 3-17 (mus     | st equal Part IX, colur       | nn (A), line 25) |               | 520,215                   | ,821     | 511,                       | ,217,428  |
|                                | 19  | Reven   | ue less expenses Sub                             | otract line : | 18 from line 12               |                  |               | -46,931                   | ,111     | -51,                       | ,311,56   |
| Net Assets or<br>Fund Balances |   |   |  |               |                               |                  | Beginn        | ing of Curren             | t Year   | End of Ye                  | ear       |
| alai                           | 20  | Total   | assets (Part X, line 16                          | 5)            |                               |                  |               | 485,994                   | ,862     | 409,                       | ,635,434  |
| A As                           |   |   |  |               |                               |                  |               | 149,159                   |          | -                          | ,447,650  |
| žĪ                             | 22  |   |  | 336,835       | ,859                          | 279,             | ,187,78       |                           |          |                            |           |
|                                |   |   |  |               |                               |                  | •             |                           |          |                            |           |
|                                |   |   |  |               |                               |                  |               |                           |          |                            |           |
|                                |   |   |  | .c, and com   | piece Decidration of          | preparer (other  | than office   | ijis basca o              | ii dii i | mormation of w             | iicii     |
|                                |   | ****  | **   |               |                               |                  |               | 2017 05 00                |          |                            |           |
| Sign                           | 1   |   | 2017 03 07                                       |               |                               |                  |               |                           |          |                            |           |
| Here                           |   | THO   | MAS E TARDIVO Treas, Inte                        | rım CFO       |                               |                  |               |                           |          |                            |           |
|                                |   |   |  |               |                               |                  |               |                           |          |                            |           |
|                                |   |   |  |               |                               |                  |               | Check   ıf                | PTII     | N<br>1022361               | _         |
| Paid                           | b   | <u> </u>  | <u> </u>   | LLD           | 35,55 51145111004             |                  |               | self-employe              | d   ' 30 |                            |           |
|                                | -   | <b>°r</b>   |  |               | IVE SUITE 800                 |                  |               | Firm's EIN ► Phone no (7) | 13) 203  | 3-0600                     |           |
| Use                            | On  | ly  ˈ   |  |               | TE SOITE GOO                  |                  |               | rnone no (7               | JJ) 093  | <i>i</i> -0000             |           |
|                                |   | - 1   | MCLEAN, V  | M 22102       |                               |                  |               | I                         |          |                            |           |

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓Yes No

|     | 990 (2015)  |             |     | Page <b>3</b> |
|-----|---|-------------|-----|---------------|
| Par | t IV Checklist of Required Schedules  |             |     |               |
|     | 7 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |             | Yes | No            |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆   | 1           | Yes |               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆   | 2           | Yes |               |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$ $2$  | 3           |     | No            |
|     | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4           | Yes |               |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III  | 5           |     | No            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6           |     | No            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7           |     | No            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2  | 8           |     | No            |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9           |     | No            |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰  | 10          | Yes |               |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |             |     |               |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a         | Yes |               |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2   | 11b         | Yes |               |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | <b>11</b> c |     | No            |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2  | <b>11</b> d |     | No            |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Yes |               |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X   | 11f         | Yes |               |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2   | 12a         |     | No            |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b         | Yes |               |
| 13  | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E   | 13          |     | No            |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |     | No            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b         | Yes |               |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15          |     | No            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16          |     | No            |
| 17  | Did the organization report a total of more than $$15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)   | 17          |     | N o           |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | 18          |     | No            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19          |     | No            |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a         |     | No            |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b         |     |               |

29

| Pai | rt IV Checklist of Required Schedules (continued)                |
|-----|--|
| 21  | Did the organization report more than \$5,000 of grants or other |
|     | domestic government on Part IX, column (A), line 1? If "Yes,"    |

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

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

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Nο

Νo

- - er assistance to any domestic organization or
- complete Schedule I, Parts I and II . . . 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part
  - 21 22

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

**28**c

29

30

31

32

33

34

35a

35b

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37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

Yes

Yes

- Page **4**

| Part V Statements Regarding Other IRS Filings and Tax Complian |
|--|
|--|

| Par | t V            | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this   |             | V                         |            |      | _       |
|-----|----------------|---|-------------|---------------------------|------------|------|---------|
|     |                | check if Schedule o contains a response of flote to any line in this  | rait        | <u> </u>                  | · ·        | Yes  | No      |
| 1a  | Enter          | the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a          | 658                       |            |      | 140     |
|     |                | the number of Forms W-2G included in line 1a Enter -0 - if not applicable   | 1b          | 0                         |            |      |         |
|     |                | Lie organization comply with backup withholding rules for reportable payments to  |             | dors and reportable       |            |      |         |
| ·   |                | g (gambling) winnings to prize winners?   |             |                           | <b>1</b> c | Yes  |         |
| 2a  | Enter          | the number of employees reported on Form W-3, Transmittal of Wage and   |             |                           |            |      |         |
|     |                | tatements, filed for the calendar year ending with or within the year covered   | 2-          | F03                       |            |      |         |
|     | •              | s return  | 2a          | 583                       | 2b         | Yes  |         |
| D   |                | east one is reported on line 2a, did the organization file all required federal emp<br>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file       |             |                           | 20         | 163  |         |
| 3a  |                | e organization have unrelated business gross income of \$1,000 or more during   | •           | ·                         | 3a         | Yes  |         |
|     |                | s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>   | •           | <i>*</i>                  | 3b         | Yes  |         |
|     |                | y time during the calendar year, did the organization have an interest in, or a sig   |             |                           |            |      |         |
|     | over,          | a financial account in a foreign country (such as a bank account, securities acc  |             |                           | 4-         |      |         |
|     | accou          | int)?   |             |                           | 4a         |      | No      |
| b   |                | s," enter the name of the foreign country   |             |                           |            |      |         |
|     | (FBAF          | nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank   | and         | Financial Accounts        |            |      |         |
| 5a  | •              | ·'<br>he organization a party to a prohibited tax shelter transaction at any time durin   | a the       | tax vear?                 | 5a         |      | No      |
|     |                | ny taxable party notify the organization that it was or is a party to a prohibited t  |             |                           |            |      | No      |
|     |                |   | JI          |                           | 5b         |      |         |
| С   | тгҮе           | s," to line 5a or 5b, did the organization file Form 8886-T?  |             |                           | 5c         |      |         |
| 6a  |                | the organization have annual gross receipts that are normally greater than \$10   |             |                           | 6a         |      | No      |
|     | _              | ization solicit any contributions that were not tax deductible as charitable cont   |             |                           |            |      |         |
| Ь   |                | s," did the organization include with every solicitation an express statement th<br>not tax deductible?   | at su       | ch contributions or gifts | <b>6</b> b |      |         |
| 7   |                | izations that may receive deductible contributions under section 170(c).  |             |                           |            |      |         |
| а   | Did th         | ie organization receive a payment in excess of \$75 made partly as a contribution   | on an       | d partly for goods and    | 7a         |      | No      |
| _   |                | ces provided to the payor?  |             |                           |            |      |         |
|     |                | s," did the organization notify the donor of the value of the goods or services pr  |             |                           | 7b         |      |         |
| С   |                | le organization sell, exchange, or otherwise dispose of tangible personal proper<br>orm 8282?   | ty for      | which it was required to  | <b>7</b> c |      | No      |
| d   |                | s," indicate the number of Forms 8282 filed during the year   | 7d          |                           |            |      |         |
|     | <b>5</b> . 4.0 |   |             | -116112                   |            |      |         |
| е   | Dia th         | ie organization receive any funds, directly or indirectly, to pay premiums on a p   | erson       | iai benefit contract?     | 7e         |      | No      |
| f   | Did th         | e organization, during the year, pay premiums, directly or indirectly, on a perso   | nal b       | enefit contract?          | <b>7</b> f |      | No      |
| g   |                | organization received a contribution of qualified intellectual property, did the or   | rganız      | zation file Form 8899 as  | <b>-</b> - |      |         |
| h   | requir         | ear   |             | the organization file a   | <b>7</b> g |      |         |
|     |                | 1098-C?   |             | · · · · · ·               | 7h         |      |         |
| 8   | -              | oring organizations maintaining donor advised funds.  |             |                           |            |      |         |
|     |                | donor advised fund maintained by the sponsoring organization have excess bus 1 the year?  | sines       | s holdings at any time    | _          |      |         |
| _   | _              | ,   |             |                           | 8          |      |         |
|     |                | e sponsoring organization make any taxable distributions under section 49667  |             |                           | 9a         |      |         |
|     |                | le sponsoring organization make a distribution to a donor, donor advisor, or rela<br>on <b>501(c)(7) organizations.</b> Enter   | itea p      | erson/                    | 9b         |      |         |
| 10  |                | tion fees and capital contributions included on Part VIII, line 12  | 10a         |                           |            |      |         |
|     |                | receipts, included on Form 990, Part VIII, line 12, for public use of club  | 10a         |                           |            |      |         |
| -   | faciliti       | 1 7   |             |                           |            |      |         |
| 11  | Section        | on 501(c)(12) organizations. Enter  |             | 1                         |            |      |         |
|     |                | Income from members or shareholders   | 11a         |                           |            |      |         |
| b   |                | Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )   | 11b         |                           |            |      |         |
| 17- | _              |   | . no 1.     | u of Form 10413           | 13-        |      |         |
|     |                | on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the             | 111 116     | :u 01 F01111 1041/        | 12a        |      |         |
| U   | year           | 5, enter the amount of tax-exempt interest received of accrued during the   | <b>12</b> b |                           |            |      |         |
| 13  | Section        | on 501(c)(29) qualified nonprofit health insurance issuers.   |             |                           |            |      |         |
| а   | Is the         | organization licensed to issue qualified health plans in more than one state? <b>N</b> o  | ote. S      | See the instructions for  |            |      |         |
|     |                | onal information the organization must report on Schedule O   |             |                           | 13a        |      |         |
| b   |                | the amount of reserves the organization is required to maintain by the states   | 13b         |                           |            |      |         |
| _   |                | ch the organization is licensed to issue qualified health plans   |             |                           |            |      |         |
|     |                | L   | <b>13c</b>  | 2                         | 14-        | <br> | l<br>No |
|     |                | le organization receive any payments for indoor tanning services during the tax<br>s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> i | •           |                           | 14a<br>14b |      | No      |
| U   | 11 16          | 5, has terried a form 720 to report these payments of the provide differential  | LIUII II    | , serieuaie U             | ±70        |      |         |

| ) 000 ( | 2013)   |
|---------|---|
| Part VI | Governance, Management, and Disclosure              |
|         | Faure and IIV and and and to long a 2 through 76 h. |

elow and for a "No" response to lines 8a, 8b, or 10b below,

| 101  | Cacii | 163    | response    | to mics z  | .mouyn  | 10 Delo | w, and ioi | a ive | o response to imes | 0a, 0D, 01 | TOD DEIOV |
|------|-------|--------|-------------|------------|---------|---------|------------|-------|--------------------|------------|-----------|
| desc | cribe | the ci | ırcumstancı | es, proces | ses, or | changes | ın Schedu  | le O. | See instructions.  |            |           |

|     | Check if Schedule O contains a response or note to any line in this Part VI  |             |        | 🗸   |
|-----|--|-------------|--------|-----|
| Se  | ction A. Governing Body and Management   |             |        |     |
|     |  |             | Yes    | No  |
| La  | Enter the number of voting members of the governing body at the end of the tax year 27   |             |        |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |             |        |     |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 26   |             |        |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2           |        | No  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .  | 3           |        | No  |
| 1   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4           |        | No  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5           |        | No  |
| 5   | Did the organization have members or stockholders?   | 6           | Yes    |     |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a          | Yes    |     |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | <b>7</b> b  | Yes    |     |
| 3   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |             |        |     |
| а   | The governing body?  | 8a          | Yes    |     |
| b   | Each committee with authority to act on behalf of the governing body?  | <b>8</b> b  | Yes    |     |
| •   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9           |        | No  |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal R   | evenu       | ue Cod | e.) |
|     |  |             | Yes    | No  |
| a   | Did the organization have local chapters, branches, or affiliates?   | 10a         |        | No  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b         |        |     |
| .a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         | Yes    |     |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |             |        |     |
| a.  | Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12</b> a | Yes    |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         | Yes    |     |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12</b> c | Yes    |     |
| l . | Did the organization have a written whistleblower policy?  | 13          | Yes    |     |
| ŀ   | Did the organization have a written document retention and destruction policy?   | 14          | Yes    |     |
| ,   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |             |        |     |
| а   | The organization's CEO, Executive Director, or top management official   | <b>15</b> a | Yes    |     |
| b   | Other officers or key employees of the organization  | 15b         | Yes    |     |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |             |        |     |
| ia  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16</b> a | Yes    |     |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?     | <b>16</b> b |        | No  |
| Se  | ction C. Disclosure  |             |        |     |
| ,   | List the States with which a copy of this Form 990 is required to be filed CA , VA   |             |        |     |
| 3   | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O) |             |        |     |
|     | I Own website I Amother's website I Ophin request I Other (explain in schedule O)  |             |        |     |

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records ▶THOMAS TARDIVO TREASINT CF 2100 CRYSTAL DRIVE ARLINGTON, VA 22202 (703) 739-5000

interest policy, and financial statements available to the public during the tax year

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

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, or 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

  List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| <b>(A)</b><br>Name and Title | (B) A verage hours per week (list any hours           | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | i      | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                              | for related<br>organizations<br>below<br>dotted line) | indradual trustee<br>or director   | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-MISC)  | MISC)  | organization and<br>related<br>organizations        |
| See Additional Data Table    |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |
|                              |   |  |                       |         |              |                              |        |   |  |   |

|        | <b>(A)</b><br>Name and Title  | (B) Average hours per week (list any hours            | (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- | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--------|---|---|--|-----------------------|----------|--------------|------------------------------|--------|---|---|---|
|        |   | for related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director  | Institutional Trustee | Officer  | Key employee | Highest compensated employee | Former | 2/1099-MISC)  |   | organization and<br>related<br>organizations        |
| See    | Addıtıonal Data Table   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       | $\vdash$ |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              | <u> </u>                     |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
|        |   |   |  |                       |          |              |                              |        |   |   |   |
| 1b     |   |   |  |                       |          |              |                              |        |   |   |   |
| c<br>d | Total from continuation sh<br>Total (add lines 1b and 1c)                           | •   |  |                       |          | ٠.           |                              |        | 5,499,631   | 0   | 707,852   |
| d<br>2 | Total (add lines 1b and 1c)  Total number of individuals \$100,000 of reportable co | s (including but not                                  | lımıted  | to the                | ose I    | ıste         | d abov                       | e) wl  |   |   | 707,852   |

Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the  $organization\ and\ related\ organizations\ greater\ than\ \$150,000\?\ \textit{If\ "Yes,"\ complete\ Schedule\ J\ for\ such and\ the such and\ the$ 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . 5 Νo

# Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

| (A) Name and business address   | (B) Description of services              | (C)<br>Compensation |
|---|--|---------------------|
| MULLEN COMMUNICATIONS INC,<br>PO BOX 7247-7279<br>PHILADELPHIA, PA 19170  | PAID ADVERTISING                         | 16,548,896          |
| THREE PILLAR GLOBAL INC,<br>3975 FAIR RIDGE DRIVE NORTH SUITE<br>FAIRFAX, VA 22033  | SOFTWARE DEVELOPMENT                     | 3,276,101           |
| INTERFACE MEDIA GROUP INC,<br>1233 20TH STREET NW<br>WASHINGTON, DC 20036   | PROMOTION, PRODUCTION                    | 2,339,919           |
| NIELSEN MEDIA RESEARCH,<br>85 BROAD STREET<br>NEW YORK, NY 10004  | AUDIENCE ANALYTICS                       | 2,311,040           |
| ERICSSON INC,<br>4500 RIVER GREEN PARKWAY<br>DULUTH, GA 30096   | design/sys integrat                      | 1,289,639           |
| 2 Total number of independent contractors (including but not limited to th<br>\$100,000 of compensation from the organization ► 106 | ose listed above) who received more than |                     |
|   |  | Form 990 (2         |

| orm 99  | •        | 15)   |                                   |                         |                         |  |   | Page <b>9</b>  |
|---|----------|---|-----------------------------------|-------------------------|-------------------------|--|---|--|
| Part V  | 1111     | Statement o   |                                   |                         |                         |  |   | _  |
|   |          | Check If Sched  | ule O contains a respor           | nse or note to any lin  | (A) Total revenue       | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| (6)   | 1a       | Federated cam   | paigns 1a                         | 111,290                 |                         |  |   | 312-314  |
| Grants<br>mounts  | ь        | Membership du   | ues <b>1b</b>                     |                         |                         |  |   |  |
| Gra<br>mo   | С        | Fundraising ev  | ents 1c                           |                         |                         |  |   |  |
| ifts.<br>ar A   | d        | Related organiz   | zations 1d                        | 1,680,012               |                         |  |   |  |
| , Gi<br>mila  | е        | Government grant  |                                   | 7,972,191               |                         |  |   |  |
| ons<br>· Sii  | f        | All other contribution  | ons, gifts, grants, and <b>1f</b> | 189,978,666             |                         |  |   |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts |          | similar amounts no  |                                   |                         |                         |  |   |  |
| Contributions, Gifts,<br>and Other Similar A              | g        | 1a-1f \$  | ons included in lines             | 151,387,895             |                         |  |   |  |
| Co<br>an  | h        | Total. Add lines  | s 1a-1f                           |                         | 199,742,159             |  |   |  |
| Пе  | _        |   |                                   | Business Code           |                         |  |   |  |
| ₩.  | 2a       | MEMBERSHIP DUE  |                                   | 900099                  | 192,990,131             | 192,990,131                            |   |  |
| o¥.   | b<br>c   | OTHER PROGRAM STATION/PRODUC                                    |                                   | 900099                  | 15,750,473<br>2,406,820 | 12,846,188<br>2,406,820                | 2,904,285                               |  |
| Program Service Revenue                                   | d        | - STATION/FRODUC  | LIN SINVES                        | 900099                  | 2,406,820               | 2,400,820                              |   |  |
| %<br>~  | е        |   |                                   |                         |                         |  |   |  |
| gran  | f        | All other progra  | am service revenue                |                         |                         |  |   |  |
| <b>P</b>  | g        | Total. Add lines  | s 2a-2f                           |                         | 211,147,424             |  |   |  |
|   | 3        | Investment inc  | ome (including dividen            | ds, interest,           | 2,881,119               |  | -68,751                                 | 2,949,870  |
|   | 4        |   | ar amounts)                       | -                       | 2,661,119               |  | -08,731                                 | 2,545,670  |
|   | 5        |   |                                   | ` ` <u>`</u>            | 8,290,719               | 8,288,136                              | 2,583                                   |  |
|   |          |   | (ı) Real                          | (II) Personal           |                         |  |   |  |
|   | 6a       | Gross rents   |                                   |                         |                         |  |   |  |
|   | b        | Less rental expenses  |                                   |                         |                         |  |   |  |
|   | С        | Rental income<br>or (loss)                                      | 0                                 | 0                       |                         |  |   |  |
|   | d        |   | me or (loss)                      |                         | 0                       |  |   |  |
|   |          | C   | (ı) Securities                    | (II) O ther             |                         |  |   |  |
|   | 7a       | Gross amount<br>from sales of<br>assets other<br>than inventory | 331,186,350                       |                         |                         |  |   |  |
|   | b        | Less cost or other basis and                                    | 326,642,405                       |                         |                         |  |   |  |
|   | c        | sales expenses<br>Gain or (loss)                                | 4,543,945                         |                         |                         |  |   |  |
|   | d        |   | ss)                               |                         | 4,543,945               |  |   | 4,543,945  |
| nue   | 8a       | Gross income fevents (not inc                                   | -                                 |                         |                         |  |   |  |
| Other Revenue   |          | of contributions<br>See Part IV, lir                            | s reported on line 1c) ne 18 a    |                         |                         |  |   |  |
| the   | b        | Less direct ex  | penses b                          |                         |                         |  |   |  |
| 0   | _        |   | (loss) from fundraising (         | events <b>&gt;</b>      | 0                       |  |   |  |
|   | 9a       |   | from gaming activities ne 19 a    |                         |                         |  |   |  |
|   | b        | Less direct ex  | penses b                          |                         |                         |  |   |  |
|   | С        | Net income or   | (loss) from gaming acti           | vities                  | 0                       |  |   |  |
|   | 10a      | Gross sales of returns and allo                                 |                                   |                         |                         |  |   |  |
|   | b        | Less cost of g  | oods sold b                       |                         |                         |  |   |  |
|   | С        |   | (loss) from sales of inve         |                         | 0                       |  |   |  |
|   | 44-      | Miscellaneou  |                                   | Business Code<br>711300 | 30,447,748              | 30,193,242                             | 254,506                                 |  |
|   | 11a<br>b |   | M SUBSIDIARIES                    | 515100                  | 1,587,525               | 1,587,525                              | 254,300                                 |  |
|   | "        | FEES  | TIVE/ SERVICE                     |                         |                         |  |   |  |
|   | c        |   | TION SERVICES                     | 515100                  | 1,175,273               | 574,680                                | 600,593                                 |  |
|   | d        | All other reven   |                                   |                         | 89,953                  | 89,953                                 |   |  |
|   | e        | Total. Add lines  |                                   | •                       | 33,300,499              |  |   |  |
|   | 12       | Fotal revenue.  | See Instructions .                | • • • •                 | 459,905,865             | 248,976,675                            | 3,693,216                               | 7,493,815  |

### Part IX Statement of Functional Expenses

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

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

|    | ✓  |                       |   |  |                                       |
|----|--|-----------------------|---|--|---------------------------------------|
|    | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 3,235,070             | 3,235,070                                 |  |                                       |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22   | 0                     |   |  |                                       |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  | 0                     |   |  |                                       |
| 4  | Benefits paid to or for members  | 0                     |   |  |                                       |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 4,631,322             | 933,795                                   | 3,697,527  |                                       |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   | 0                     |   |  |                                       |
| 7  | Other salaries and wages   | 54,768,698            | 38,537,007                                | 16,189,140                                       | 42,551                                |
| 8  | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)   | 3,296,507             | 2,300,160                                 | 992,943  | 3,404                                 |
| 9  | Other employee benefits  | 6,694,132             | 4,632,787                                 | 2,048,920  | 12,425                                |
| LO | Payroll taxes  | 3,538,033             | 2,368,761                                 | 1,166,715  | 2,557                                 |
| L1 | Fees for services (non-employees)  |                       |   |  |                                       |
| а  | Management   | 0                     |   |  |                                       |
| b  | Legal  | 1,736,706             | 589,553                                   | 1,147,153  |                                       |
| c  | Accounting   | 399,760               |   | 399,760  |                                       |
| d  | Lobbying   | 91,088                |   | 91,088   |                                       |
| е  | Professional fundraising services See Part IV, line 17   | 0                     |   |  |                                       |
| f  | Investment management fees   | 263,015               |   | 263,015  |                                       |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 30,287,624            | 23,928,021                                | 6,359,603  |                                       |
| L2 | Advertising and promotion  | 29,281,181            | 29,196,501                                | 84,680   |                                       |
| L3 | Office expenses  | 1,764,437             | 869,759                                   | 894,678  |                                       |
| L4 | Information technology   | 9,377,059             | 6,394,820                                 | 2,982,239  |                                       |
| L5 | Royalties  | 2,126,139             | 2,126,139                                 |  |                                       |
| L6 | Occupancy  | 5,296,386             | 3,539,386                                 | 1,753,087  | 3,913                                 |
| L7 | Travel   | 3,860,944             | 3,158,565                                 | 702,379  |                                       |
| L8 | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |   |  |                                       |
| L9 | Conferences, conventions, and meetings   | 2,997,041             | 1,987,725                                 | 1,009,316  |                                       |
| 20 | Interest   | 439,164               |   | 439,164  |                                       |
| 21 | Payments to affiliates   | 0                     |   |  |                                       |
| 22 | Depreciation, depletion, and amortization  | 176,691,591           | 174,686,570                               | 2,005,021  |                                       |
| 23 | Insurance  | 994,982               | 515,487                                   | 479,495  |                                       |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                   |                       |   |  |                                       |
| а  | DONATED BROADCAST RIGHTS   | 151,387,895           | 151,387,895                               |  |                                       |
| b  | COMMUNICATIONS   | 10,469,575            | 8,162,573                                 | 2,307,002  |                                       |
| c  | PROGRAM RIGHTS   | 6,107,589             | 6,107,589                                 |  |                                       |
| d  | BAD DEBT RECOVERY  | -14,416               | -14,416                                   |  |                                       |
| e  | All other expenses   | 1,495,906             | 4,599,964                                 | -3,104,058                                       |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e   | 511,217,428           | 469,243,711                               | 41,908,867                                       | 64,850                                |
| 26 | Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                       |   |  |                                       |

| raitA | Dalalice Silee   |
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|       | Chack of Cabadul |

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

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| Part X | Bal | an | ce | Sh | е | 6 |
|--------|-----|----|----|----|---|---|
|        |     |    |    |    |   |   |

Form 990 (2015)

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Fund Balances

Net Assets or

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part Page **11** 

(B)

End of year

21,137,557

40,042,120

15,364,763

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8,745,970

31,649,860

148,798,224

33,497,251

103,998,884

409,635,434

106,727,664

213,354

0

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6,546,632

130,447,650

226,174,660

53,013,124

279,187,784

409,635,434 Form 990 (2015)

16,960,000

6,400,805

(A)

Beginning of year

39,953,564

55,465,521

10,928,001

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11,577,244

36,426,079

174,228,371

34,894,321

118,634,787

485,994,862

123,883,020

774,479

17,510,000

6,991,504

149,159,003

253,671,770

83,164,089

336.835.859

485.994.862

3 886 974

157 645 340

125,995,480

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**Total liabilities.**Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Accounts receivable, net . .

459,905,865

511,217,428

-51,311,563

# **Reconcilliation of Net Assets**

| Check if Schedule O contains a response or note to any line in this Part XI |  |  |  |  |  |  | . 🗸 |
|---|--|--|--|--|--|--|-----|
| Total revenue (must equal Part VIII, column (A.) line 12)                   |  |  |  |  |  |  |     |

Total revenue (must equal Part VIII, column (A), line 12) . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities . Investment expenses

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B))

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . 1 Accounting method used to prepare the Form 990 Schedule O

If the organization changed its method of accounting from a prior year or checked "Other," explain in 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

Separate basis Consolidated basis

Schedule O

basis, consolidated basis, or both

Separate basis

Single Audit Act and OMB Circular A-133?

✓ Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Both consolidated and separate basis

**b** 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

Both consolidated and separate basis

Cash 🗸 Accrual Other

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 in

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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336,835,859

-6,503,928

167,416 279,187,784

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

▽

No

Νo

### **Additional Data**

Software ID: Software Version:

**EIN:** 52-0899215

Name: PUBLIC BROADCASTING SERVICE

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| (Code              | ) (Expenses \$ | 10,061,698 | including grants of \$ | 794,560 ) (Revenue \$   | 24,051,041 ) |
|--------------------|----------------|------------|------------------------|-------------------------|--------------|
| member services    |                |            |                        |                         |              |
| (Code              | ) (Expenses \$ | 6,510,886  | including grants of \$ | 2,245,521 ) (Revenue \$ | 349,623 )    |
| educational grants |                |            |                        |                         |              |

(Code ) (Expenses \$ 4,704,206 including grants of \$ ) (Revenue \$ 37,454,655 )

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

rovalties

| (Code | ) (Expenses \$ | 2,411,472 including grants of \$ | ) (Revenue \$ | 3,003,132 ) |
|-------|----------------|----------------------------------|---------------|-------------|

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Inde   | pendent Co  | ntrac                             | :tor                  | S                            |                                    |                              |        |   | •  |  |
|-----------------------------------|---|-----------------------------------|-----------------------|------------------------------|------------------------------------|------------------------------|--------|---|--|--|
| (A)<br>Name and Title             | (B) A verage hours per week (list any hours for related organizations | unles<br>d                        | ore t<br>ss pe        | han<br>erso<br>icer<br>tor/i | not<br>one<br>on is<br>and<br>trus | tee)                         | an     | (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 |
|                                   | below<br>dotted line)   | Individual trustee<br>or director | Institutional Trustee | Officer                      | key employee                       | Highest compensated employee | Former |   |  | and related<br>organizations                                     |
| PAULA A KERGER<br>PRESIDENT, CEO  | 32 0<br><br>8 0   | x                                 |                       | ×                            |                                    |                              |        | 823,762   | 0  | 88,059   |
| JON ABBOTT DIRECTOR               | 3 0   | х                                 |                       |                              |                                    |                              |        | 0   | 0  | 0  |
| RONNIE AGNEW DIRECTOR             | 2 0   | x                                 |                       |                              |                                    |                              |        | 0   | 0  | 0  |
| POLLY ANDERSON DIRECTOR           | 0 5   | ×                                 |                       |                              |                                    |                              |        | 0   | 0  | 0  |
| TOM AXTELL DIRECTOR               | 3 0   | ×                                 |                       |                              |                                    |                              |        | 0   | 0  | c  |
| DONALD BAER DIRECTOR, BOARD CHAIR | 4 0   | x                                 |                       |                              |                                    |                              |        | 0   | 0  | С  |
| AFSANEH BESCHLOSS                 | 3 0   |                                   |                       |                              |                                    |                              |        |   |  |  |

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DIRECTOR

DIRECTOR

DONALD BOSWELL

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.....

MOLLY CORBETT BROAD

DIRECTOR, VICE CHAIR

**ERNEST BROMLEY** DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (0) (E)

(F)

| (A)                          | (B)                    |                                   |                 | (C      | )            |                    | (D)    | (E)          | (F)           |                             |
|------------------------------|------------------------|-----------------------------------|-----------------|---------|--------------|--------------------|--------|--------------|---------------|-----------------------------|
| Name and Title               | Average                |                                   |                 |         |              | chec               |        | Reportable   | Reportable    | Estimated                   |
|                              | hours per              |                                   |                 |         |              | box,               |        | compensation | compensation  | amount of                   |
|                              | week (list             | unles                             |                 |         |              | both               | an     | from the     | from related  | other                       |
|                              | any hours              |                                   |                 | cer     |              |                    |        | organization | organizations | compensation                |
|                              | for related            |                                   | lirect          | tor/t   |              |                    |        | (W- 2/1099-  | (W- 2/1099-   | from the                    |
|                              | organizations<br>below | 25                                | =               | Q       | <u> </u>     | 발표                 | [m     | MISC)        | MISC)         | organization<br>and related |
|                              | dotted line)           | 호호                                | ารเ             | Officer | - ا          | 문율                 | Former |              |               | organizations               |
|                              | docted line)           | individual<br>or directo          | ln stituti chal | 1 12 1  | Ιŝ           | Highest<br>employe | ₫      |              |               | organizacions               |
|                              |                        | ਰੋਜ਼                              | 5               |         | 몿            | စီးစွ              |        |              |               |                             |
|                              |                        | r #                               |                 |         | key employee | Ιž                 |        |              |               |                             |
|                              |                        | Individual trustee<br>or director | Tru             |         | Ď            | P                  |        |              |               |                             |
|                              |                        | ě.                                | Ē               |         |              | t compenso         |        |              |               |                             |
|                              |                        |                                   | Ť.              |         |              | 91<br>60           |        |              |               |                             |
|                              |                        |                                   |                 |         |              | ث                  |        |              |               |                             |
| MAXINE CLARK                 | 2 0                    |                                   |                 |         |              |                    |        |              |               |                             |
|                              |                        | X                                 |                 |         |              |                    |        | 0            | 0             | 0                           |
| DIRECTOR                     | 0 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| ERROLL B DAVIS JR            | 2 0                    |                                   |                 |         |              |                    |        |              |               |                             |
|                              |                        | X                                 |                 |         |              |                    |        | 0            | 0             | 0                           |
| DIRECTOR                     | 0 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| JACK GALMICHE                | 4 0                    |                                   |                 |         |              |                    |        |              |               |                             |
|                              |                        | X                                 |                 |         |              |                    |        | 0            | 0             | 0                           |
| DIRECTOR (former VICE CHAIR) | 0 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| HELEN HERNANDEZ              | 3 0                    |                                   |                 |         |              |                    |        |              |               |                             |
|                              |                        | ×                                 |                 |         |              |                    |        | 0            | 0             | 0                           |
| DIRECTOR                     | 0 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| RICH HOMBERG                 | 2 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| Men nonserve                 |                        | X                                 |                 |         |              |                    |        | 0            | 0             | o                           |
| DIRECTOR                     | 0 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| SHAE HOPKINS                 | 2 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| SHAL HOLKING                 |                        | Х                                 |                 |         |              |                    |        | 0            | 0             | o                           |
| DIRECTOR                     | 0 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| LARRY IRVING                 | 3 0                    |                                   |                 |         |              |                    |        |              |               |                             |
| LARKT IRVING                 |                        | x                                 |                 |         |              |                    |        | 0            | 0             | o                           |

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DIRECTOR

BILL IMADA

DIRECTOR

DIRECTOR

KLIFF KUEHL DIRECTOR

THOMAS KARLO

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

| Compensated Employees, and Inde | pendent Co  | ntrac                          | tor                   | s <sup>′</sup>     |                           |                              | •      |   | , <u>,</u>  |   |
|---------------------------------|---|--------------------------------|-----------------------|--------------------|---------------------------|------------------------------|--------|---|---|---|
| <b>(A)</b><br>Name and Title    | (B) A verage hours per week (list any hours for related | m<br>unle:                     | ore t<br>ss pe        | han<br>erso<br>cer | not<br>one<br>n is<br>and |                              |        | (D) Reportable compensation from the organization (W- 2/1099- | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099- | (F) Estimated amount of other compensation from the |
|                                 | organizations<br>below<br>dotted line)                  | Individual trustee or director | Institutional Trustee | Officer            | Key employee              | Highest compensated employee | Former | MISC)   | MISC)   | organization<br>and related<br>organizations        |
| ALLAN LANDON                    | 3 0   |                                |                       |                    |                           |                              |        |   |   |   |
| DIRECTOR                        | 0 0   | Х                              |                       |                    |                           |                              |        | 0   | 0   | 0   |
| BECKY MAGURA                    | 3 0   | x                              |                       |                    |                           |                              |        | 0   | 0   | 0   |
| DIRECTOR                        | 0 0   | ^                              |                       |                    |                           |                              |        | 0   | 0   | · ·   |
| LINDA O'BRYON<br>DIRECTOR       | 3 0   | ×                              |                       |                    |                           |                              |        | 0   | 0   | 0   |
| TOM RIELAND<br>DIRECTOR         | 3 0   | ×                              |                       |                    |                           |                              |        | 0   | 0   | 0   |
| RAMON RODRIGUEZ<br>DIRECTOR     | 2 0   | ×                              |                       |                    |                           |                              |        | 0   | 0   | 0   |
| ROBERT SACHS<br>DIRECTOR        | 3 0   | ×                              |                       |                    |                           |                              |        | 0   | 0   | 0   |
| NEAL SHAPIRO                    | 2 0   | V                              |                       |                    |                           |                              |        |   |   |   |
| DIRECTOR                        | 0 0   | X                              |                       |                    |                           |                              |        | 0   | 0   | 0   |

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LISA SHUMATE

BRIAN SICKORA

DIRECTOR

DIRECTOR

EVAN SMITH DIRECTOR

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

35,509

54,119

46,498

56,387

| Compensated Employees, and Inde         | pendent co   | ntrac | .tor   | 5                              |                                     |      |            | 1   | 1  | ,  |
|---|--|-------|--------|--------------------------------|-------------------------------------|------|------------|---|--|--|
| (A)<br>Name and Title                   | (B) A verage hours per week (list any hours for related organizations below dotted line) | unles | ore tl | than<br>ersoi<br>icer<br>tor/t | not<br>one<br>on is<br>and<br>trust | tee) | , an Forme | (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 |
| LEO SOONG<br>DIRECTOR                   | 3 0  | х     |        |                                |                                     |      |            | 0   | 0  | 0  |
| JOANN UROFSKY<br>DIRECTOR               | 2 0  | x     |        |                                |                                     |      |            | 0   | 0  | 0  |
| LLOYD WRIGHT DIRECTOR                   | 3 0  | x     |        |                                |                                     |      |            | 0   | 0  | 0  |
| JONATHAN BARZILAY<br>COO                | 39 0   |       |        | ×                              |                                     |      |            | 354,706   | 0  | 26,205   |
| BARBARA L LANDES<br>SVP, CFO, TREASURER | 35 0<br>5 0  |       |        | ×                              |                                     |      |            | 424,035   | 0  | 48,559   |
| KATHERINE S LAUDERDALE                  | 35 0   |       |        | x                              |                                     |      | П          | 410,934   | . 0  | 36,713   |

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141,340

311,084

405,098

242,169

SVP, GEN COUNSEL & CORP SECY

ASST CORP SECY & ASSOC GEN

SVP, FINANCE & ASST TREASURER

CHIEF TECHNOLOGY OFFICER

MARY LPLANTAMURA

THOMAS E TARDIVO

MARIO P VECCHI

MICHAEL D JONES

FORMER COO

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

52,251

38,847

39,479

| Compensated Employees, and Inde | pendent Co  | ntrac                             | tor                        | s                                     |                            |                     |         |   |  |   |  |
|---------------------------------|---|-----------------------------------|----------------------------|---------------------------------------|----------------------------|---------------------|---------|---|--|---|--|
| (A)<br>Name and Title           | (B) A verage hours per week (list any hours for related | Pos<br>mo<br>unles                | sition<br>iore th<br>ss pe | (C)<br>n (do<br>than<br>ersoi<br>icer | not<br>one<br>on is<br>and |                     | ,       | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |  |
|                                 | organizations<br>below<br>dotted line)                  | individual trustee<br>or director | Institutional Trustee      | 101                                   | Key employee               | Highest compensated | Former  | MISC)   | MISC)  | organization<br>and related<br>organizations        |  |
| BETH C HOPPE                    | 40 0  |                                   | -  <br>                    | [ '                                   | x                          |                     | [       | 419,886   | 0  | 55,180  |  |
| CHIEF PROGRAMMING EXE           | 0 0   | <u> </u>                          | <u> </u>                   | <u> </u>                              | <u> </u>                   | <u>'</u>            | <u></u> | <u> </u>  | <u> </u>   | 1   |  |
| IRA RUBENSTEIN                  | 40 0  | 1 1                               | ı '                        | '                                     | '                          | 1 '                 | '       | 1 '   | 1  | 1   |  |
| SVP & GM, DIGITAL               | 0 0   |                                   | ı _'                       |                                       | X                          | '                   | '       | 400,352   | 0  | 51,002  |  |
| LESLI J ROTENBERG               | 40 0  |                                   | $\Box$                     | 7                                     |                            |                     |         |   |  |   |  |
| SVP & GM, CHILDEN'S MEDIA, MKT  | 0 0   |                                   | l'                         | '                                     | _                          | Х                   | '       | 387,227   | 0  | 55,168  |  |
| MICHAEL D KELLEY                | 40 0  |                                   | $\Box$                     |                                       |                            |                     |         |   | 1  |   |  |
| SVP, PROG, CONTENT SVCS & BUS   |   |                                   | ,<br>                      |                                       | '                          | X                   | '       | 314,396   | ol   | 23,876  |  |

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303,112

285,914

275,616

JUAN A SEPULVEDA JR

JAYME S SWAIN

SVP, STATION SERVICES

SVP, STRATEGY & OPS

CHRISTOPHER L HOMER

VP, TECHNICAL OPS & ENGINEERIN

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

OMB No 1545-004

SCHEDULE A (Form 990 or 990EZ)

PUBLIC BROADCASTING 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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Open to Public

Inspection

Employer identification number

52-0899215

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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www.irs.gov/form990.

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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

|     | Colondar year   |                     | T                                       |                   |                   |                   |   |
|-----|---|---------------------|---|-------------------|-------------------|-------------------|---|
| (or | Calendar year<br>fiscal year beginning in) ▶                | (a)2011             | <b>(b)</b> 2012                         | <b>(c)</b> 2013   | (d)2014           | <b>(e)</b> 2015   | <b>(f)</b> Total                              |
| 1   | Gifts, grants, contributions, and                           |                     |   |                   |                   |                   |   |
| _   | membership fees received (Do                                | 219,039,182         | 238,969,068                             | 270,206,199       | 221,893,000       | 199,742,159       | 1,149,849,608                                 |
| _   | not include any unusual grants )                            |                     |   |                   |                   |                   |   |
| 2   | Tax revenues levied for the                                 |                     |   |                   |                   |                   | 0   |
|     | organization's benefit and either                           |                     |   |                   |                   |                   | U   |
| 3   | paid to or expended on its behalf. The value of services or |                     |   |                   |                   |                   |   |
| 3   | facilities furnished by a                                   |                     |   |                   |                   |                   |   |
|     | governmental unit to the                                    |                     |   |                   |                   |                   | 0   |
|     | organization without charge                                 |                     |   |                   |                   |                   |   |
| 4   | <b>Total.</b> Add lines 1 through 3                         | 219,039,182         | 238,969,068                             | 270,206,199       | 221,893,000       | 199,742,159       | 1,149,849,608                                 |
| 5   | The portion of total  | , ,                 | , ,                                     | , ,               | , ,               | , ,               | <u>, , , , , , , , , , , , , , , , , , , </u> |
| ,   | contributions by each person                                |                     |   |                   |                   |                   |   |
|     | (other than a governmental unit                             |                     |   |                   |                   |                   |   |
|     | or publicly supported                                       |                     |   |                   |                   |                   | 0   |
|     | organization) included on line 1                            |                     |   |                   |                   |                   |   |
|     | that exceeds 2% of the amount                               |                     |   |                   |                   |                   |   |
|     | shown on line 11, column (f)                                |                     |   |                   |                   |                   |   |
| 6   | Public support. Subtract line 5                             |                     |   |                   |                   |                   | 1 140 040 600                                 |
|     | from line 4   |                     |   |                   |                   |                   | 1,149,849,608                                 |
| S   | ection B. Total Support                                     |                     |   |                   |                   |                   |   |
|     | Calendar year   | (-)2011             | (1.)2042                                | 4-12042           | (1)2011           | (-)204F           | (6) T - t - 1                                 |
| (or | fiscal year beginning in) ▶                                 | (a)2011             | <b>(b)</b> 2012                         | (c)2013           | ( <b>d)</b> 2014  | <b>(e)</b> 2015   | <b>(f)</b> Total                              |
| 7   | A mounts from line 4  | 219,039,182         | 238,969,068                             | 270,206,199       | 221,893,000       | 199,742,159       | 1,149,849,608                                 |
| 8   | Gross income from interest,                                 |                     |   |                   |                   |                   |   |
|     | dividends, payments received                                |                     |   |                   |                   |                   |   |
|     | on securities loans, rents,                                 | 3,814,257           | 4,872,686                               | 4,047,785         | 4,121,704         | 2,949,870         | 19,806,302                                    |
|     | royalties and income from                                   |                     |   |                   |                   |                   |   |
|     | sımılar sources   |                     |   |                   |                   |                   |   |
| 9   | Net income from unrelated                                   |                     |   |                   |                   |                   |   |
|     | business activities, whether or                             | 416,814             | 840,359                                 | 1,284,584         | 1,971,131         | 2,034,098         | 6,546,986                                     |
|     | not the business is regularly                               | ,                   | ,                                       | -,,               | -,,               | _,,               | -,,   |
|     | carried on  |                     |   |                   |                   |                   |   |
| 10  | Other income Do not include                                 |                     |   |                   |                   |                   |   |
|     | gain or loss from the sale of                               | 24,763,121          | 40,002,637                              | 47,799,040        | 41,727,055        | 32,445,400        | 186,737,253                                   |
|     | capital assets (Explain in Part                             |                     |   |                   |                   |                   |   |
|     | VI)   |                     |   |                   |                   |                   |   |
| 11  | Total support. Add lines 7                                  |                     |   |                   |                   |                   | 1,362,940,149                                 |
| 12  | through 10 L<br>Gross receipts from related activ           | ities etc (see ins  | tructions)                              |                   |                   | 12                | 700 370 061                                   |
|     | •   | ,                   | •                                       |                   |                   |                   | 799,378,861                                   |
| 13  | First five years.If the Form 990 i                          |                     |   |                   |                   |                   | organization,                                 |
|     | check this box and stop here .                              |                     |   | <u> </u>          | <u> </u>          |                   |   |
|     | ection C. Computation of P                                  |                     |   | 4.4 1 (5)         |                   |                   |   |
| 14  | Public support percentage for 20                            | •                   | • | 11, column (f))   |                   | 14                | 84 365 %                                      |
| 15  | Public support percentage for 20                            | 14 Schedule A, Pa   | rt II, line 14                          |                   |                   | 15                | 85 268 %                                      |
| 16a | <b>33 1/3% support test—2015.</b> If th                     | ie organization did | not check the box                       | on line 13, and l | ine 14 is 33 1/3% | or more, check tl | nis box                                       |

|     |   |                       | 0130370          |
|-----|---|-----------------------|------------------|
| 15  | Public support percentage for 2014 Schedule A, Part II, line 14                               | 15                    | 85 268 %         |
| 16a | a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 1 | 14 is 33 1/3% or more | , check this box |

▶▽ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2014. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 10%-facts-and-circumstances test - 2014. 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 stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶□

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

(Complete only if you checked the box on line 9 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.)

| Se    | ction A. Public Support   |                         |                          |                       |                      |                 |                         |
|-------|---|-------------------------|--------------------------|-----------------------|----------------------|-----------------|-------------------------|
|       | Calendar year   | (a)2011                 | <b>(b)</b> 2012          | (c)2013               | (d)2014              | (e)2015         | <b>(f)</b> ⊤otal        |
| •     | iscal year beginning in)  | (4)2011                 | (5)2012                  | (6)2010               | (4)2011              | (0)2010         | (1)10ta1                |
| 1     | Gifts, grants, contributions, and                                     |                         |                          |                       |                      |                 |                         |
|       | membership fees received (Do not include any "unusual grants")        |                         |                          |                       |                      |                 |                         |
| 2     | Gross receipts from admissions,                                       |                         |                          |                       |                      |                 |                         |
| -     | merchandise sold or services  |                         |                          |                       |                      |                 |                         |
|       | performed, or facilities furnished                                    |                         |                          |                       |                      |                 |                         |
|       | in any activity that is related to                                    |                         |                          |                       |                      |                 |                         |
|       | the organization's tax-exempt   |                         |                          |                       |                      |                 |                         |
|       | purpose   |                         |                          |                       |                      |                 |                         |
| 3     | Gross receipts from activities  |                         |                          |                       |                      |                 |                         |
|       | that are not an unrelated trade or                                    |                         |                          |                       |                      |                 |                         |
|       | business under section 513  |                         |                          |                       |                      |                 |                         |
| 4     | Tax revenues levied for the organization's benefit and either         |                         |                          |                       |                      |                 |                         |
|       | paid to or expended on its behalf                                     |                         |                          |                       |                      |                 |                         |
| 5     | The value of services or facilities                                   |                         |                          |                       |                      |                 |                         |
| •     | furnished by a governmental unit                                      |                         |                          |                       |                      |                 |                         |
|       | to the organization without charge                                    |                         |                          |                       |                      |                 |                         |
| 6     | Total. Add lines 1 through 5  |                         |                          |                       |                      |                 |                         |
| 7a    | Amounts included on lines 1, 2,                                       |                         |                          |                       |                      |                 |                         |
|       | and 3 received from disqualified                                      |                         |                          |                       |                      |                 |                         |
|       | persons   |                         |                          |                       |                      |                 |                         |
| b     | Amounts included on lines 2 and                                       |                         |                          |                       |                      |                 |                         |
|       | 3 received from other than  |                         |                          |                       |                      |                 |                         |
|       | disqualified persons that exceed                                      |                         |                          |                       |                      |                 |                         |
|       | the greater of \$5,000 or 1% of<br>the amount on line 13 for the year |                         |                          |                       |                      |                 |                         |
| _     | Add lines 7a and 7b   |                         |                          |                       |                      |                 |                         |
| 8     | <b>Public support.</b> (Subtract line 7c                              |                         |                          |                       |                      |                 |                         |
|       | from line 6 )   |                         |                          |                       |                      |                 |                         |
| Se    | ction B. Total Support  |                         |                          |                       | 1                    |                 | I                       |
|       | Calendar year   |                         |                          | 1                     | I                    | I               |                         |
| (or f | iscal year beginning in)  | <b>(a)</b> 2011         | <b>(b)</b> 2012          | (c)2013               | ( <b>d)</b> 2014     | <b>(e)</b> 2015 | <b>(f)</b> Total        |
| 9     | A mounts from line 6  |                         |                          |                       |                      |                 |                         |
| 10a   | Gross income from interest,   |                         |                          |                       |                      |                 |                         |
|       | dividends, payments received on                                       |                         |                          |                       |                      |                 |                         |
|       | securities loans, rents, royalties                                    |                         |                          |                       |                      |                 |                         |
|       | and income from similar sources                                       |                         |                          |                       |                      |                 |                         |
| b     | Unrelated business taxable  |                         |                          |                       |                      |                 |                         |
|       | income (less section 511 taxes)                                       |                         |                          |                       |                      |                 |                         |
|       | from businesses acquired after  |                         |                          |                       |                      |                 |                         |
| _     | June 30, 1975<br>Add lines 10a and 10b                                |                         |                          |                       |                      |                 |                         |
| c     | Net income from unrelated   |                         |                          |                       |                      |                 |                         |
| 11    | business activities not included                                      |                         |                          |                       |                      |                 |                         |
|       | in line 10b, whether or not the                                       |                         |                          |                       |                      |                 |                         |
|       | business is regularly carried on                                      |                         |                          |                       |                      |                 |                         |
| 12    | Other income Do not include   |                         |                          |                       |                      |                 |                         |
|       | gain or loss from the sale of   |                         |                          |                       |                      |                 |                         |
|       | capital assets (Explain in Part                                       |                         |                          |                       |                      |                 |                         |
|       | VI)   |                         |                          |                       |                      |                 |                         |
| 13    | Total support. (Add lines 9, 10c,                                     |                         |                          |                       |                      |                 |                         |
| 14    | 11, and 12)  First five years.If the Form 990 is f                    | or the organization     | n's first second         | thurd fourth or       | fifth tay year ac a  | section 501/c   | V3) organization        |
| 14    | •   | or the organization     | on s mist, second        | , tillia, louitii, oi | ilitii tax yeal as a | 1 5600001 501(0 | )(3) organization,  ▶ □ |
|       | check this box and stop here  | lia Cunnant D           |                          |                       |                      |                 |                         |
|       | ction C. Computation of Pub   |                         |                          |                       |                      |                 |                         |
| 15    | Public support percentage for 2015                                    | (line 8, column         | (f) divided by line      | : 13, column (f))     |                      | 15              |                         |
| 16    | Public support percentage from 201                                    | l 4 Schedule A, P       | art III, line 15         |                       |                      | 16              |                         |
| Se    | ction D. Computation of Inv   | estment Inco            | me Percenta              | ae                    |                      |                 |                         |
| 17    | Investment income percentage for                                      |                         |                          |                       | nn (f))              | 14-1            |                         |
|       | · · · · · · · ·   | •                       |                          | •                     | ···· (1 <i>))</i>    | 17              |                         |
| 18    | Investment income percentage from                                     | n <b>2014</b> Schedule  | A, Part III, line        | 1 /                   |                      | 18              |                         |
| 19a   | <b>33 1/3% support tests—2015.</b> If the                             | organization did        | not check the bo         | ox on line 14, and    | l line 15 is more t  | than 33 1/3%, a | ind line 17 is not      |
|       | more than 33 1/3%, check this box                                     | and <b>stop here.</b> T | he organization q        | ualıfıes as a publ    | icly supported or    | ganızatıon      | ▶┌                      |
| b     | <b>33 1/3% support tests—2014.</b> If the                             | organization did        | not check a box          | on line 14 or line    | 19a, and line 16     | ıs more than 3  | 3 1/3% and line         |
|       | 18 is not more than 33 1/3%, check                                    | this box and <b>st</b>  | <b>op here.</b> The orga | nızatıon qualıfıes    | as a publicly sup    | ported organiz  | ation 🕨 🗍               |
| 20    | Private foundation. If the organizati                                 | on did not check        | a box on line 14         | . 19a. or 19b. ch     | eck this box and     | see instruction | s ▶⊤ˈ                   |

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

|    | I, complete Sections A and D, and complete Part V)   |             |     |          |
|----|--|-------------|-----|----------|
| Se | ction A. All Supporting Organizations  |             |     |          |
|    | Averally of the community of community of community of community of the community of community o |             | Yes | No       |
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain   | 1           |     |          |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section   | 2           |     |          |
|    | 509(a)(1) or (2)   |             |     | <u> </u> |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below  | 3a          |     |          |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination  | 3b          |     |          |
| c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   | <b>3</b> c  |     |          |
| 4a | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?  |             |     | l        |
|    | If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below   | 4a          |     |          |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  | 4b          |     |          |
|    | If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations   |             |     |          |
| c  | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported  | 4c          |     |          |
|    | organization was used exclusively for section 170(c)(2)(B) purposes  |             |     | l        |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)   | 5a          |     |          |
| b  | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in  | 5b          |     |          |
| c  | the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c          |     |          |
|    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to   | J.          |     |          |
|    | anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | 6           |     |          |
| 7  | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)   | 7           |     |          |
| 8  | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)   | 8           |     |          |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a          |     |          |
| b  | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9b          |     |          |
| c  | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | <b>9</b> c  |     |          |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below  | 10a         |     |          |
| b  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | <b>10</b> b |     |          |
| 1  | Has the organization accepted a gift or contribution from any of the following persons?  |             |     |          |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | <b>11</b> a |     |          |
|    | A family member of a person described in (a) above?  | 11b         |     |          |
| c  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI   | <b>11</b> c |     |          |

| Part IV | Supporting | Organizations | (continued |
|---------|------------|---------------|------------|

| I GIC IV |     | аррог | 9    | Oi guilleu | LIOIIS | (continue | ч, |
|----------|-----|-------|------|------------|--------|-----------|----|
| Section  | n R | Tyne  | T Si | innorting  | Orga   | nization  | _  |

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

| Section C. Type II Supporting Organization | Section | C. | Type | II | Supporting | Organization | s |
|--|---------|----|------|----|------------|--------------|---|
|--|---------|----|------|----|------------|--------------|---|

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

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

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

| 1 | Check the box next to the method that the organization used to satis | fy the Integral Part Test during the year (see instructions) |
|---|--|--|
|   |  |  |

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

| С |                 | i ne orga<br>instructi | nization supported a governmental entity. Describe in Part VI now you supported a government entity (see<br>ons) | эe |
|---|-----------------|------------------------|--|----|
| 2 | <u>A ctivit</u> | ies Test               | _Answer (a) and (b) below.   | Y  |
| а |                 |                        | all of the organization's activities during the tax year directly further the exempt purposes of the             |    |

|   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a |  |
|---|---|----|--|
|   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement   | 2b |  |
| 3 | Parent of Supported Organizations Answer (a) and (b) below.   |    |  |

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

|        | Check here if the organization satisfied the Integral Part Test as a qualifying tr<br>Type III non-functionally integrated supporting organizations must complete S                                      |          |                       | ructions. All other            |
|--------|--|----------|-----------------------|--------------------------------|
|        | Section A - Adjusted Net Income  |          | (A) Prior Year        | (B) Current Year<br>(optional) |
|        | Net short-term capital gain  | 1        |                       |                                |
|        | Recoveries of prior-year distributions   | 2        |                       |                                |
|        | Other gross income (see instructions)  | 3        |                       |                                |
|        | Add lines 1 through 3  | 4        |                       |                                |
|        | Depreciation and depletion   | 5        |                       |                                |
| i      | 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        |                       |                                |
| ,      | Other expenses (see instructions)  | 7        |                       |                                |
| ;      | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8        |                       |                                |
|        |  |          |                       |                                |
|        | Section B - Minimum Asset Amount   |          | (A) Prior Year        | (B) Current Year<br>(optional) |
|        | Aggregate fair market value of all non-exempt-use assets (see  | 1        |                       |                                |
| _      | instructions for short tax year or assets held for part of year)   | <b>—</b> |                       |                                |
| a<br>L | A verage monthly value of securities   | 1a<br>1b |                       |                                |
| b      | A verage monthly cash balances   |          |                       |                                |
| C      | Fair market value of other non-exempt-use assets   | 1c<br>1d |                       | +                              |
| d      | Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors   | 10       |                       |                                |
| e      | (explain in detail in Part VI)   |          |                       |                                |
|        | Acquisition indebtedness applicable to non-exempt use assets   | 2        |                       |                                |
|        | Subtract line 2 from line 1d   | 3        |                       |                                |
|        | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4        |                       |                                |
|        | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5        |                       |                                |
|        | Multiply line 5 by 035   | 6        |                       |                                |
|        | Recoveries of prior-year distributions   | 7        |                       |                                |
|        | Minimum Asset Amount (add line 7 to line 6)  | 8        |                       |                                |
|        |  |          |                       |                                |
|        | Section C - Distributable Amount   |          |                       | Current Year                   |
|        | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1        |                       |                                |
|        | Enter 85% of line 1  | 2        |                       |                                |
|        | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3        |                       |                                |
|        | Enter greater of line 2 or line 3  | 4        |                       |                                |
|        | Income tax imposed in prior year   | 5        |                       |                                |
|        | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6        |                       |                                |
|        | Check here if the current year is the organization's first as a non-functionally-instructions)   | ntegrate | d Type III supporting | organization (see              |

| Part V Type III Non-Functionally Integra  | ated 509(a)(3) Suppo  | rting Organizations (co                | ontinuea)                                 |  |  |  |  |
|---|---|--|---|--|--|--|--|
| Section D - Distributions   |   |  | Current Year                              |  |  |  |  |
| 1 Amounts paid to supported organizations to accom  | plish exempt purposes   |  |   |  |  |  |  |
| 2 A mounts paid to perform activity that directly furthe excess of income from activity   |   |  |   |  |  |  |  |
| 3 Administrative expenses paid to accomplish exemp  | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations |  |   |  |  |  |  |
| 4 Amounts paid to acquire exempt-use assets   |   |  |   |  |  |  |  |
| 5 Qualified set-aside amounts (prior IRS approval rec   | quired)   |  |   |  |  |  |  |
| 6 Other distributions (describe in Part VI) See instru  | ictions   |  |   |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | 20010115  |  |   |  |  |  |  |
| 7 Total annual distributions. Add lines 1 through 6   |   |  |   |  |  |  |  |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions   | o which the organization is r   | esponsive (provide                     |   |  |  |  |  |
| 9 Distributable amount for 2015 from Section C, line  | 6   |  |   |  |  |  |  |
| 10 Line 8 amount divided by Line 9 amount   |   |  |   |  |  |  |  |
|   |   | T                                      | T   |  |  |  |  |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |  |  |  |  |
| 1 Distributable amount for 2015 from Section C, line 6  |   |  |   |  |  |  |  |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)   |   |  |   |  |  |  |  |
| <b>3</b> Excess distributions carryover, if any, to 2015  |   |  |   |  |  |  |  |
| a   |   |  |   |  |  |  |  |
| b   |   |  |   |  |  |  |  |
| <u>c</u>  |   |  |   |  |  |  |  |
| d From 2013   |   |  |   |  |  |  |  |
| e From 2014   |   |  |   |  |  |  |  |
| f Total of lines 3a through e  g Applied to underdistributions of prior years   |   |  |   |  |  |  |  |
| h Applied to 2015 distributable amount  |   |  |   |  |  |  |  |
| i Carryover from 2010 not applied (see instructions)  |   |  |   |  |  |  |  |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |   |  |   |  |  |  |  |
| 4 Distributions for 2015 from Section D, line 7 \$  |   |  |   |  |  |  |  |
| Applied to underdistributions of prior years  |   |  |   |  |  |  |  |
| <b>b</b> Applied to 2015 distributable amount   |   |  |   |  |  |  |  |
| c Remainder Subtract lines 4a and 4b from 4   |   |  |   |  |  |  |  |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |   |  |   |  |  |  |  |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |   |  |   |  |  |  |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c  |   |  |   |  |  |  |  |
| 8 Breakdown of line 7   |   |  |   |  |  |  |  |
| a   |   |  |   |  |  |  |  |
| b   |   |  |   |  |  |  |  |
| <b>c</b> Excess from 2013   |   |  |   |  |  |  |  |
| <b>d</b> From 2014  |   |  |   |  |  |  |  |
| <b>e</b> From 2015  |   |  |   |  |  |  |  |
|   |   |  | (F 000 000 F7) /2.01 F                    |  |  |  |  |

|   | <u>:</u>                            |   |
|---|-------------------------------------|---|
|   |                                     |   |
| ſ | Return Reference                    | Explanation   |
| 3 | Schedule A . Part II - Other income | "Other Income" represents royalties received for use of PBS copyrighted materials and Income from |

lsubsidiaries

explanation

#### DLN: 93493131044647

Employer identification number

52-0899215

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

Department of the Treasury Internal Revenue

Name of the organization

PUBLIC BROADCASTING SERVICE

# **Political Campaign and Lobbying Activities**

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

• Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

| _          | Political expellultures  |  |  | •  | \$  |
|------------|--|--|--|--|---|
| 3          | Volunteer hours  |  |  |  |   |
| Par        | t I-B Complete if the or   | ganization is exempt under                                     | section 501(                               | c)(3).   |   |
| 1          | Enter the amount of any excis  | e tax incurred by the organization und                         | ler section 4955                           | •  | \$  |
| 2          | Enter the amount of any excis  | e tax incurred by organization manag                           | ers under section                          | n 4955 <b>&gt;</b>   | \$  |
| 3          | If the organization incurred a s   | section 4955 tax, did it file Form 472                         | O for this year?                           |  | ☐ Yes ☐ No  |
| <b>4</b> a | Was a correction made?   |  |  |  | Yes No  |
| b          | If "Yes," describe in Part IV  |  |  |  |   |
| Par        | t I-C Complete if the or   | ganization is exempt under                                     | section 501(                               | c), except section 50  | 1(c)(3).  |
| 1          | Enter the amount directly exp  | ended by the filing organization for se                        | ction 527 exemp                            | ot function activities 🕨   | \$  |
| 2          | Enter the amount of the filing of exempt function activities   | organization's funds contributed to ot                         | her organizations                          | s for section 527  | \$  |
| 3          | Total exempt function expend   | itures Add lines 1 and 2 Enter here a                          | and on Form 112                            | 0-POL, line 17b ►  | \$  |
| 4          | Did the filing organization file <b>F</b>  | Form 1120-POL for this year?                                   |  |  | Yes No  |
| 5          | Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | om the filing organization's f<br>to a separate political orga | unds Also enter the<br>nization, such as a |  |   |
|            | (a) Name   | (b) Address  | (c) EIN                                    | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|            |  |  |  |  |   |
| 2          |  |  |  |  |   |
| 3          |  |  |  |  |   |
| 4          |  |  |  |  |   |
| 5          |  |  |  |  |   |
| 6          |  |  |  |  |   |
| For P      | Paperwork Reduction Act Notice, s  | ee the instructions for Form 990 or 990                        | -EZ.                                       | Cat No 50084S Schedule C (I  | Form 990 or 990-EZ) 2015  |

Grassroots nontaxable amount (enter 25% of line 1f)

g

| ch | nedule C | (Fo                   | rm 990 or 990-E2) 2015  |      |  | Page <b>2</b>                  |
|----|----------|-----------------------|---|------|--|--------------------------------|
| P  | art II-/ | 4                     | Complete if the organization is exempt under section 501(c)(3) and  | file | ed Form 5768                           | (election                      |
|    |          |                       | under section 501(h)).  |      |  |                                |
| ١. | Check    | •                     | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) | gro  | up member's nam                        | e, address, EIN                |
| 3  | Check    | $\blacktriangleright$ | If the filing organization checked box A and "limited control" provisions apply   |      |  |                                |
|    |          |                       | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   |      | (a) Filing<br>organization's<br>totals | (b) Affiliated<br>group totals |
| 1a | Total lo | obb                   | ring expenditures to influence public opinion (grass roots  |      |  |                                |
| La | lobbyır  | ıg)                   |   |      |  |                                |
|    | Total lo | obb                   | ying expenditures to influence a legislative body (direct lobbying)   |      |  |                                |

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) 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

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-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?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

|        | nedule C (Form 990 or 990-EZ) 2015  art II-B Complete if the organization is exempt under section 501(c)(3) and h   | as NOT            |        |      |        | age <b>3</b> |
|--------|---|-------------------|--------|------|--------|--------------|
|        | filed Form 5768 (election under section 501(h)).  |                   | - )    |      | (b)    |              |
|        | each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying   | '                 | a)<br> | 1    |        |              |
| ctiv   | ıvity   | Yes               | No     |      | A moun | nt           |
| 1      | 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            | 1.63              |        |      |        |              |
| а      |   |                   | No     |      |        |              |
| b      |   | Yes               | 110    | 1    |        |              |
| c      |   |                   | No     | 1    |        |              |
| d      |   |                   | No     |      |        |              |
| e      |   |                   | No     |      |        |              |
| f      |   |                   | No     |      |        |              |
| g      | Direct contact with legislators, their staffs, government officials, or a legislative body?   | Yes               |        |      |        | 91,088       |
| h      | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                   | No     |      |        |              |
| i      | Other activities?   |                   | No     |      |        |              |
| j      | Total Add lines 1c through 1i   |                   |        |      |        | 91,088       |
| 2a     | Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?  |                   | No     |      |        |              |
| b      | If "Yes," enter the amount of any tax incurred under section 4912   |                   |        |      |        |              |
| C      | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |                   |        |      |        |              |
| d      | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |                   |        |      |        |              |
| Par    | Int III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  | ion <b>501</b> (c | )(5),  | or s |        |              |
|        | W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                   | ſ      |      | Yes    | No           |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?  |                   | -      | 1    |        |              |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                   | }      | 3    |        |              |
| 3      | Did the organization agree to carry over lobbying and political expenditures from the prior year?   | FO1/-             |        |      |        |              |
|        | Tomplete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."   |                   |        |      |        |              |
| 1      | Dues, assessments and similar amounts from members  | 1                 |        |      |        |              |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |                   |        |      |        |              |
| а      | ,   | 2a                |        |      |        |              |
| b      |   | 2b                |        |      |        |              |
| С<br>- |   | 2c                |        |      |        |              |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | 3                 |        |      |        |              |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | ess 4             |        |      |        |              |
| 5      | Taxable amount of lobbying and political expenditures (see instructions)  | 5                 |        |      |        |              |

#### Supplemental Information Part IV 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

| Return Reference | Explanation  |
|------------------|--|
| ACTIVITIES       | ADVOCACY IS FOCUSED ON A CONTINUED APPROPRIATION FOR THE CORPORATION FOR PUBLIC BROADCASTING AND GRANT PROGRAMS FOR WHICH PUBLIC BROADCASTING ENTITIES ARE ELIGIBLE, THE AUTHORIZATION OF PROGRAMS AS WELL AS RELEVANT REGULATORY MATTERS ADVOCACY CONSISTS OF ENGAGEMENT WITH MEMBERS OF CONGRESS, CONGRESSIONAL STAFF, AGENCY HEADS AND STAFF, AS WELL AS THE OCCASIONAL DISTRIBUTION OF MATERIALS |

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**SCHEDULE D** 

(Form 990)

# **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. OMB No 1545-0047

DLN: 93493131044647

Open to Public Department of the ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>. Treasury Inspection Internal Revenue Service

|     | me of the organization<br>BLIC BROADCASTING SERVICE  |  |                               | Employer identification number      |
|-----|--|--|-------------------------------|-------------------------------------|
| PUE | BILC BROADCASTING SERVICE  |  |                               | 52-0899215                          |
| Pa  | rt I Organizations Maintaining Donor   |  | imilar Fun                    |                                     |
|     | Complete if the organization answere   | ed "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 a funds are the organization's property, subject to t   |  |                               | advised Yes No                      |
| 6   | Did the organization inform all grantees, donors, a<br>used only for charitable purposes and not for the<br>conferring impermissible private benefit?            |  |                               |                                     |
| Pai | rt III Conservation Easements. Comple  | te if the organization answere   | d "Yes" on                    | Form 990, Part IV, line 7.          |
| 1   | Purpose(s) of conservation easements held by th  | e organızatıon (check all that apply                                   | <b>()</b>                     |                                     |
|     | Preservation of land for public use (e.g., recreeducation)   |  | ation of an h                 | istorically important land area     |
|     | Protection of natural habitat  | ·  |                               | rtified historic structure          |
|     | Preservation of open space   | ·  |                               |                                     |
| 2   | Complete lines 2a through 2d if the organization l   | neld a qualified conservation contri                                   | bution in the                 | form of a conservation              |
|     | easement on the last day of the tax year   |  | _                             |                                     |
|     |  |  |                               | Held at the End of the Year         |
| а   | Total number of conservation easements   |  | _                             | 2a                                  |
| b   | Total acreage restricted by conservation easeme  |  |                               | 2b                                  |
| C   | Number of conservation easements on a certified  | , ,  | <b>⊢</b>                      | 2c                                  |
| d   | Number of conservation easements included in (c<br>historic structure listed in the National Register  | ) acquired after 6/1//06, and not c                                    |                               | 2d                                  |
| 3   | Number of conservation easements modified, tran  | nsferred, released, extinguished, or                                   | terminated b                  | by the organization during the      |
|     | tax year <b>&gt;</b>   |  |                               |                                     |
| 4   | Number of states where property subject to cons  | ervation easement is located <b>&gt;</b>                               |                               | _                                   |
| 5   | Does the organization have a written policy regar  | ding the periodic monitoring, inspec                                   | ction, handlir                | ng of                               |
|     | violations, and enforcement of the conservation e  |  |                               | Yes No                              |
| 6   | Staff and volunteer hours devoted to monitoring, i year  | nspecting, handling of violations, a                                   | ınd enforcıng                 | conservation easements during the   |
| _   | A mount of expenses incurred in monitoring, inspe  | cting handling of violations, and e                                    | nforcina cons                 | servation easements during the year |
| 7   | ► \$   | eting, nunuming of Floracions, and en                                  | morening cons                 | servation casements daring the year |
| 8   | Does each conservation easement reported on lir  | ne 2(d) above satisfy the requireme                                    | ents of sectio                | on 170(h)(4)                        |
|     | (B)(ı) and section 170(h)(4)(B)(ıı)?   |  |                               | Yes No                              |
| 9   | In Part XIII, describe how the organization report<br>balance sheet, and include, if applicable, the text<br>the organization's accounting for conservation ea   | of the footnote to the organization's                                  |                               | •                                   |
| Par | Organizations Maintaining Collection Complete if the organization answere  | tions of Art, Historical Trea  |                               | Other Similar Assets.               |
| 1a  | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi    | AS 116 (ASC 958), not to report I assets held for public exhibition, e | n its revenue<br>ducation, or | research in furtherance of public   |
| b   | If the organization elected, as permitted under SF<br>works of art, historical treasures, or other similar<br>service, provide the following amounts relating to | assets held for public exhibition, e                                   |                               |                                     |
| (   | i) Revenue included on Form 990, Part VIII, line 1   |  | <b>&gt;</b>                   | \$                                  |
|     | i) Assets included in Form 990, Part X   |  |                               | 5                                   |
| 2   | If the organization received or held works of art, he following amounts required to be reported under S  | ·  | rassets for f                 |                                     |
| а   | Revenue included on Form 990, Part VIII, line 1  | ( = = = = = = = = = = = = = = = = = = =                                | · · · · · -                   | <b>▶</b> \$                         |
| b   | Assets included in Form 990, Part X  |  |                               | •                                   |

|            | till Organizations Ma (continued)                                 | intaining            | Collections of A             | rt, Historic            | al T          | reasures,         | or Ot       | her Similar A                | Page 2<br>ssets                           |
|------------|---|----------------------|------------------------------|-------------------------|---------------|-------------------|-------------|------------------------------|---|
| 3          | Using the organization's acqui<br>collection items (check all th  |                      | ession, and other rec        | ords, check a           | n <b>y</b> of | the following     | that ar     | e a significant us           | e of its                                  |
| а          | Public exhibition   |                      |                              | d ┌                     | Loai          | n or exchange     | progra      | ams                          |   |
| b          | Scholarly research  |                      |                              | e                       | O th          | er                |             |                              |   |
| c          | Preservation for future of  | generations          |                              |                         |               |                   |             |                              |   |
| 4          | Provide a description of the c                                    | organization's       | s collections and exp        | lain how they           | furth         | er the organiz    | atıon's     | exempt purpose               | ın  |
| 5          | During the year, did the organ                                    |                      |                              |                         |               |                   |             | sımılar <b>Ve</b> s          | s   |
| Pai        | rt IV Escrow and Custo<br>Complete if the org<br>Part X, line 21. | odial Arra           | ngements.                    | ·                       |               |                   |             |                              |   |
| 1a         | Is the organization an agent, included on Form 990, Part X        |                      | todian or other interi       | mediary for co          | ntrıb         | utions or othe    | er asse     | ts not                       | ;   |
| ь          | If "Yes," explain the arran                                       | gement in Pa         | art XIII and complete        | e the following         | ı tabl        | е                 |             | A m                          | ount                                      |
| c          | Beginning balance   | ,                    | ,                            | _                       |               |                   | 1c          |                              |   |
| d          | Additions during the year   |                      |                              |                         |               |                   | 1d          |                              |   |
| е          | Distributions during the ye                                       | ar                   |                              |                         |               |                   | 1e          |                              |   |
| f          | Ending balance  |                      |                              |                         |               |                   | 1f          |                              |   |
| <b>2</b> a | Did the organization include a                                    | an amount oi         | n Form 990 Part X I          | ine 21 for est          | crow          | nr custodial a    |             | lability? 🗆 🕶                |   |
|            | Dia the organization merade (                                     | an amount of         | Troming soft are x, i        | 1110 21,101 05          |               | or custourur u    | ccount      | ridsiiit)   Yes              | s No                                      |
| b          | If "Yes," explain the arrange art V Endowment Fund                |                      |                              |                         |               |                   |             |                              | 🗆   |
| Fa         | Liidowillelit i ulid  | is. Comple           | (a)Current year              | (b)Pnor yea             |               |                   |             | d)Three years back           | (e)Four years back                        |
| <b>1</b> a | Beginning of year balance   |                      | 4,990,853                    | (-)                     |               |                   |             | ,                            | (0), 000, 700, 000, 000, 000, 000, 000, 0 |
| b          | Contributions   |                      | 2,384,644                    | 5,003                   | 3,329         |                   |             |                              |   |
| С          | Net investment earnings, ga<br>losses                             | ins, and             | 109,849                      | -12                     | 2,422         |                   |             |                              |   |
| d          | Grants or scholarships .  |                      |                              |                         |               |                   |             |                              |   |
| е          | Other expenditures for facility and programs                      | ties                 |                              |                         |               |                   |             |                              |   |
| f          | Administrative expenses .   |                      |                              |                         | 54            |                   |             |                              |   |
| g          | End of year balance   |                      | 7,485,346                    | 4,990                   | ),853         |                   |             |                              |   |
| 2          | Provide the estimated percer                                      | ntage of the o       | current year end bala        | nce (line 1g,           | colun         | nn (a)) held as   | <del></del> | ·                            |   |
| а          | Board designated or quasi-er                                      | ndowment <b>&gt;</b> | 45 320 %                     |                         |               |                   |             |                              |   |
| b          | Permanent endowment ▶   | 53 810 %             |                              |                         |               |                   |             |                              |   |
| С          | Temporarily restricted endow<br>The percentages on lines 2a       | VIIICIIC P           | 0 870 %<br>should equal 100% |                         |               |                   |             |                              |   |
| 3a         | Are there endowment funds n                                       |                      |                              | ızatıon that aı         | re hel        | d and adminis     | stered      | for the                      |   |
|            | organization by   |                      | -                            |                         |               |                   |             |                              | Yes No                                    |
|            | (i) unrelated organizations                                       |                      |                              |                         |               |                   |             | 3a                           | <del>``</del>                             |
| ь          | (ii) related organizations .  If "Yes" on 3a(ii), are the rela    |                      |                              |                         | ·<br>ulo Dí   |                   |             |                              | (ii) Yes<br>b Yes                         |
| 4          | Describe in Part XIII the inte                                    | _                    | •                            |                         |               |                   |             |                              | l les                                     |
|            | rt VI Land, Buildings, a  |                      |                              |                         |               |                   |             |                              |   |
|            | Complete If the org   | janization a         |                              | orm 990, P              | art I         | V, line 11a.9     | See Fo      | rm 990, Part X               | , line 10.                                |
|            | Description of pro  | operty               |                              | Cost or oth<br>(investr | ner ba        | Cost or oth (othe | er basıs    | Accumulated (c) depreciation | (d)Book value                             |
| <b>1</b> a | Land  |                      |                              |                         |               |                   | 239,203     |                              | 239,203                                   |
| b          | Buildings   |                      |                              |                         |               | 18,               | 772,966     | 6,881,69                     | 2 11,891,274                              |
| c          | Leasehold improvements .  |                      |                              |                         |               | 14,               | 915,720     | 7,490,53                     | 7,425,187                                 |
| d          | Equipment   |                      |                              |                         |               | 116,              | 728,943     | 105,321,62                   | 1 11,407,322                              |
| e          | Other   |                      |                              |                         |               |                   |             |                              |   |
|            |   |                      |                              |                         |               |                   | 988,508     |                              | +   |
| rota       | al. Add lines 1a through 1e <i>(Col</i>                           | umn (a) mus          | ι equal Form 990, Pari       | : х, соштп (В)          | , iine        | 10(C))            |             | •                            | 31,649,860                                |

| Part VII Investments—Other Securities. Co<br>See Form 990, Part X, line 12.   | omplete if the orgar      | nization answered 'Yes               | on Form 990, Part IV, line 11b.                             |
|---|---------------------------|--------------------------------------|---|
| (a) Description of security or categor (including name of security)   | ту                        | (b)Book value                        | (c)Method of valuation<br>Cost or end-of-year market value  |
| (1)Financial derivatives (2)Closely-held equity interests   |                           | 30,443,353                           | F   |
| (3)Other (A) INVESTMENT IN FUND OF FUNDS  |                           |                                      | F   |
| (B) LIMITED LIABILITY COMPANY-NPM   |                           | 2,538,756                            | С   |
| (B) LIMITED LIABILITY COMPANY-NPM   |                           | 515,142                              | C   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  | •                         | 33,497,251                           |   |
| Part VIII Investments—Program Related.  Complete if the organization answere  | ed 'Yes' on Form 990      | ), Part IV, line 11c. <sub>See</sub> | Form 990, Part X, line 13.                                  |
| (a) Description of investment   |                           | (b) Book value                       | (c) Method of valuation<br>Cost or end-of-year market value |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
| (a) Desi  | сприоп                    |                                      | (b) Book value  |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization. |                           |                                      |   |
| See Form 990, Part X, line 25.  1. (a) Description of liability   | (b) Book value            |                                      |   |
| <u></u>   | (2) 2331. Value           |                                      |   |
| Federal income taxes  |                           | 0                                    |   |
| DEFERRED LEASE OBLIGATION   | 4,151,9                   |                                      |   |
| DEFERRED CREDIT-TENANT ALLOWANCE  | 1,750,5                   |                                      |   |
| UNREALIZED LOSS-INTEREST RATE   | 644,                      | 414                                  |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
|   |                           |                                      |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  | <b>▶</b> 6,546,           | 532                                  |   |
| 2. Liability for uncertain tax positions In Part XIII, prov   | ride the text of the foot | note to the organization's           |   |
| organization's liability for uncertain tax positions under XIII 🔽   | 11N 40 (ASC /4U) Ch       | eck here if the text of the          | roothote has been provided in Part                          |

| cnec | ule D (Form 990) 2015                      |   |            |             |         | Page 4           |
|------|--|---|------------|-------------|---------|------------------|
| Par  |  | renue per Audited Financial Sta<br>ation answered 'Yes' on Form 990,                      |            |             | per Re  | turn             |
| 1    | <u> </u>                                   | support per audited financial statements  |            |             | 1       | 598,389,107      |
| 2    | A mounts included on line 1 but n          | not on Form 990, Part VIII, line 12   |            |             |         |                  |
| а    | Net unrealized gains (losses) on           | investments   | 2a         | -6,503,928  |         |                  |
| b    | Donated services and use of faci           | ılıtıes   | 2b         |             |         |                  |
| c    | Recoveries of prior year grants            |   | <b>2</b> c |             |         |                  |
| d    | Other (Describe in Part XIII )             |   |            |             |         |                  |
|      |  |   | 2d         | 175,434,918 |         |                  |
| е    | Add lines <b>2a</b> through <b>2d</b>      |   |            |             | 2e      | 168,930,990      |
| 3    | Subtract line <b>2e</b> from line <b>1</b> |   |            |             | 3       | 429,458,117      |
| 4    | A mounts included on Form 990,             | Part VIII, line 12, but not on line <b>1</b>  | 1          |             |         |                  |
| а    | Investment expenses not include            | ed on Form 990, Part VIII, line 7b .  | 4a         |             |         |                  |
| b    | Other (Describe in Part XIII ) .           |   | 4b         | 30,447,748  |         |                  |
| c    | Add lines <b>4a</b> and <b>4b</b>          |   |            |             | 4c      | 30,447,748       |
| 5    |  | <b>c.</b> (This must equal Form 990, Part I, line   |            |             | 5       | 459,905,865      |
| Part |  | <b>Denses per Audited Financial St</b><br>Lation answered 'Yes' on Form 990,              |            |             | s per F | Return.          |
| 1    | Total expenses and losses per a            | udited financial statements   |            |             | 1       | 655,084,468      |
| 2    | Amounts included on line 1 but n           | not on Form 990, Part IX, line 25   |            |             |         |                  |
| а    | Donated services and use of faci           | ılıtıes   | 2a         |             |         |                  |
| b    | Prior year adjustments                     |   | 2b         |             | ]       |                  |
| c    | Otherlosses                                |   | <b>2</b> c |             |         |                  |
| d    | Other (Describe in Part XIII ) .           |   | . 2d       | 144,402,818 | 1       |                  |
| е    | Add lines 2a through 2d                    |   |            |             | 2e      | 144,402,818      |
| 3    | Subtract line <b>2e</b> from line <b>1</b> |   |            |             | 3       | 510,681,650      |
| 4    | Amounts included on Form 990,              | Part IX, line 25, but not on line 1:  |            |             |         |                  |
| а    | Investment expenses not include            | ed on Form 990, Part VIII, line 7b  |            |             |         |                  |
|      |  |   | 4a         |             | 4       |                  |
| b    | Other (Describe in Part XIII) .            |   | 4b         | 535,778     | 4       |                  |
| С    | Add lines <b>4a</b> and <b>4b</b>          |   |            |             | 4c      | 535,778          |
| 5    | Total expenses Add lines <b>3</b> and      | <b>4c.</b> (This must equal Form 990, Part I, I   | ine 18     | )           | 5       | 511,217,428      |
| Par  | XIII Supplemental Infor                    | rmation   |            |             |         |                  |
| Part |  | art II, lines 3, 5, and 9, Part III, lines 1.<br>nes 2d and 4b, and Part XII, lines 2d an |            |             |         | e any additional |
|      | Return Reference                           | Explanation   |            |             |         |                  |
|      |  |   |            |             |         |                  |

| Return Reference                  | Explanation  |
|-----------------------------------|--|
| Part V , Line 4 , Endowment Funds | THE PBS ENDOWMENT FUND CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED IN SUPPORT OF PUBLIC BROADCASTING ENDOWMENT FUNDS CONSTITUTE SUBSTANTIALLY ALL OF THE FOUNDATION'S INVESTMENTS THE FOUNDATION REPORTS THOSE FUNDS IN ACCORDANC WITH ASC 958 (ENDOWMENTS OF NOT-FOR-PROFIT ORGANIZATIONS NET ASSET CLASSIFICATIONS OF FUNDS SUBJECT TO AN ENACTED VERSION OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA), AND ENHANCED DISCLOSURES FOR ALL ENDOWMENT FUNDS ) AT JUNE 30, 2016, THE FOUNDATION HAD ENDOWMENT FUNDS TOTALING \$7,485,255 OF THIS TOTAL, FUNDS TOTALING \$4,027,688 WERE PERMANENTLY RESTRICTED WITH DONOR IMPOSED STIPULATIONS ON THE USE OF THE FUNDS IN ADDITION TO THE PERMANENTLY RESTRICTED FUND, THE FOUNDATION HAD BOARD DESIGNATED ENDOWMENT FUNDS PERMANENT, DONOR - RESTRICTED ENDOWMENT FUND THE IRIS AND JOSEPH POLLOCK FUND TO PROVIDE FOR THE BROADCAST AND DISSEMINATION OF CLASSICAL MUSIC PROGRAMMING PBS FOUNDATION BOARD DESIGNATED FUND PBS ENDOWMENT FUND TO PROVIDE A CONTINUED SOURCE OF INCOME FOR OPERATIONS, SPECIAL PROJECTS, CAPITAL IMPROVEMENTS OR FOR EMERGENCY NEEDS |

Schedule D (Form 990) 2015

| efile GRAPHIC print - DO N  | NOT PROCESS                         | As Filed Da  | ata - DLN: 9349313104464   |   |   |  |  |
|---|-------------------------------------|--|--|---|---|--|--|
| SCHEDULE F<br>(Form 990)  | tatement of                         | Activities (   | Outside the Unit   | ed States   | OMB No 1545-0047  |  |  |
| Donartment of the Treasury  | ·                                   | Part IV, line<br>► Attach t  | to Form 990. and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Description  Employer identification number |   |   |  |  |
| Name of the organization<br>PUBLIC BROADCASTING SERVI                             | CE                                  |  |  | <b>Employer ider</b> 52-0899215   | tification number   |  |  |
|   |                                     |  | <b>he United States.</b><br>orm 990, Part IV, line   |   |   |  |  |
| For grantmakers. Does to<br>and other assistance, the<br>used to award the grants | grantees' eligibi                   |  |  | -   | ├ Yes ├ No  |  |  |
| 2 For grantmakers. Describ<br>assistance outside the Ur                           |                                     | rganızatıon's p  | procedures for monitori  | ng the use of its grai  | nts and other   |  |  |
| 3 Activites per Region (The fo  | ollowing Part I, line               | 3 table can be d   | uplicated if additional spa  | ice is needed )   |   |  |  |
| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)          | (e) If activity listed in (d) is<br>program service, describe<br>specific type of<br>service(s) in region | a <b>(f)</b> Total expenditures<br>for and investments<br>in region |  |  |
| ( 1) Central America and the<br>Caribbean   |                                     |  | Investments  |   | 2,538,756   |  |  |
| ( 2)  |                                     |  |  |   |   |  |  |
| (3)   |                                     |  |  |   |   |  |  |
| (4)   |                                     |  |  |   |   |  |  |
| (5)   |                                     |  |  |   |   |  |  |
| 3a Sub-total b Total from continuation shee to Part I                             |                                     |  |  |   | 2,538,756   |  |  |
| c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,                |                                     | for Form 990.  | Cat  | No 50082W <b>Sche</b>   | 2,538,756<br>dule F (Form 990) 2015                                 |  |  |

Schedule F (Form 990) 2015

|     | and EIN (if<br>applicable) | <b>5</b> | dıs burs ement | assistance | assistance | (book, FMV, appraisal, other) |
|-----|----------------------------|----------|----------------|------------|------------|-------------------------------|
| (1) |                            |          |                |            |            |                               |
| (2) |                            |          |                |            |            |                               |
| (3) |                            |          |                |            |            |                               |
| (4) |                            |          |                |            |            |                               |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

Schedule F (Form 990) 2015

|                                 | duplicated if addit |                          |                              | ed States. Complete                | ir the organization a                    | nswered "Yes" to Form                        | 990, Part IV, line 16.   |
|---------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | <b>(b)</b> Region   | (c) Number of recipients | (d) A mount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) A mount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1)                             |                     |                          |                              |                                    |  |  |  |
| ( 2)                            |                     |                          |                              |                                    |  |  |  |
| (3)                             |                     |                          |                              |                                    |  |  |  |
| (4)                             |                     |                          |                              |                                    |  |  |  |

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Νo

Yes

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

# this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

| 990 Schedule F, Supp | demental Information   |
|----------------------|--|
| Return Reference     | Explanation  |
| Part I, line 3       | PBS invests in a Fund of Funds that utilizes a master-feeder fund structure (the 'Master Fund'). The Master Fund is incorporated in the British Virgin Islands. PBS uses the accrual method of accounting to report foreign investments. |

efile GRAPHIC print - DO NOT PROCESS As Filed Data · Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization PUBLIC BROADCASTING SERVICE **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of

OMB No 1545-0047 Open to Public

DLN: 93493131044647

(h) Purpose of grant

Inspection Employer identification number

52-0899215

(a) Description of

| organization<br>or government          |                     | if applicable          | grant                     | cash<br>assistance | valuation<br>(book, FMV,<br>appraisal,<br>other) | non-cash assistance | or assistance        |
|--|---------------------|------------------------|---------------------------|--------------------|--|---------------------|----------------------|
| ee Addıtıonal Data Table               |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
|  |                     |                        |                           |                    |  |                     |                      |
| 2 Enter total number of section 50     | 1(c)(3) and governm | nent organizations lis | ted in the line 1 table . |                    |  | •                   | 20                   |
| B Enter total number of other organ    |                     |                        |                           |                    |  |                     | 1                    |
| or Paperwork Reduction Act Notice, see |                     |                        |                           | Cat No 50055P      |  |                     | le I (Form 990) 2015 |

(a)Type of grant or accustance

(f)Description of non-cash assistance

Part III can be duplicated if additional space is needed

(h) Number of

| (a) Type of grant of assistant | icc                     | recipients                    | cash grant             | non-cash assistance      | FMV, appraisal, other)      | (1)Description of non-cash assistance |  |  |  |
|--------------------------------|-------------------------|-------------------------------|------------------------|--------------------------|-----------------------------|---------------------------------------|--|--|--|
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
|                                |                         |                               | _                      | _                        |                             | •                                     |  |  |  |
|                                |                         |                               |                        |                          |                             |                                       |  |  |  |
| Part IV Supplemental I         | Informa                 | <b>tion.</b> Provide the info | rmation required in Pa | art I, line 2, Part III, | column (b), and any other a | additional information.               |  |  |  |
| Return Reference               | n Reference Explanation |                               |                        |                          |                             |                                       |  |  |  |

(d) A mount of

(a)Method of valuation (book

Part I, Line 2 PBS HAS ADOPTED A SUBRECIPIENT MONITORING POLICY AND ESTABLISHED PROCEDURES TO CAREFULLY MONITOR THE USE OF ALL GRANT FUNDS, BOTH INSIDE AND OUTSIDE THE UNITED STATES PBS' POLICIES AND PROCEDURES WERE DEVELOPED TO ARTICULATE GUIDELINES THAT STRIVE TO ENSURE THAT ALL DONOR RESTRICTIONS AND REQUIREMENTS ARE MET, INCLUDING RELEVANT ALLOWABILITY, COST CONTROLS AND AUDIT CONSIDERATIONS AND REQUIREMENTS

Part II, column h - purpose of #1 READY-TO-LEARN FOR DEVELOPMENT OF A KIDS MULTI-PLATFORM. TRANSMEDIA GAMING SUITE #2 AFFILIATE SUPPORT #3 NATIONAL ENDOWMENT FOR THE HUMANITIES FOR VETERANS COMMUNITY OUTREACH #4 DEPT OF COMMERCE RESOURCES FOR grants

TRANSMISSION OF FEMA'S PUBLIC ALERT AND WARNING SYSTEM (WARN) #5 PBS ARTS FILM FESTIVAL PROMOTIONAL GRANT #6 PBS Kids Kart Kingdom online game project promoting systems thinking in problem solving

### **Additional Data**

or government

PBS FOUNDATION

2100 CRYSTAL DR ARLINGTON, VA 22202 20-1476451

Software ID: Software Version:

**EIN:** 52-0899215

Name: PUBLIC BROADCASTING SERVICE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of ıf applıcable cash (book, FMV, appraisal, non-cash assistance organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

|  |            |            |         | · |                |
|--|------------|------------|---------|---|----------------|
| FRED ROGERS COMPANY<br>2100 WHARTON ST<br>PHILADELPHIA,PA 15203  | 25-1215087 | 501 (c)(3) | 864,375 |   | see Part IV #1 |
| JET PROPULSION LLC<br>315 S BEVERLY DR<br>BEVERLY HILLS,CA 90212 | 80-0842237 | N/A        | 540,000 |   | see Part IV #1 |

520,971

assistance

other)

grant

(h) Purpose of grant

or assistance

see Part IV #2

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SESAME WORKSHOP 13-2655731 501 (c)(3) 507,347 see Part IV #1 ONE LINCOLN PLAZA NEW YORK, NY 10023 E2 0242002 E01 (a)(2) 250 146 see Part IV #3 WETA CDEATED

| WETA - GREATER WASHINGTON EDUCATIONAL TELECOMM ASS 3939 CAMPBELL AVENUE ARLINGTON,VA 22206 | 53-0242992 | 501 (c)(3) | 259,146 |  | see Part IV #3 |
|--|------------|------------|---------|--|----------------|
| KFME PRAIRIE PUBLIC  | 45-0276899 | 501 (c)(3) | 69,449  |  | see Part IV #4 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BROADCASTING 207 NORTH 5TH STREET FARGO, ND 58102

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TRUSTEES OF TUFTS 04-2103634 501 (c)(3) 60.000 see Part IV #1 **COLLEGE TUFTS** UNIVERSITY 419 BOSTON AVENUE IV #1

| MEDFORD,MA 02155   |            |            |         |  |            |
|--|------------|------------|---------|--|------------|
| TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON,MA 02215 | 04-2103547 | 501 (c)(3) | 200,316 |  | see Part I |
|  |            |            |         |  |            |

39,570

see Part IV #4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STATE OF FL

WGCU FLORIDA GULF

COAST UNIVERSITY Fdn 10501 FGCU BLVD SOUTH FT MYERS, FL 33965

65-0753801

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WGBH EDUCATIONAL 04-2104397 501 (c)(3) 38,877 see Part IV #1 FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

| ONE GUEST STREET BOSTON, MA 02135                       |            |            |        |  |                |
|---|------------|------------|--------|--|----------------|
| NATIONAL ASSOC FOR THE<br>EDUCATION OF YOUNG<br>CHILDRE | 36-6009499 | 501 (c)(3) | 15,000 |  | see Part IV #1 |

10,000

see Part IV #5

1313 L STREET NW WASHINGTON, DC 20005

15-0620345

WSKG-TV

601 GATES ROAD VESTAL, NY 13850

**(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WSKG-TV 15-0620345 501 (c)(3) 1,667 see Part IV #6 601 GATES ROAD VESTAL NY 13850

| 1201112,111  |            |            |        |  |                |
|--|------------|------------|--------|--|----------------|
| WGVU PUBLIC MEDIA<br>GRAND VALLEY STATE<br>UNIVERSITY<br>PO BOX 1668 | 38-1684280 | 501 (c)(3) | 10,000 |  | see Part IV #5 |
| GRAND RAPIDS, MI   |            |            |        |  |                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

(a) Name and address of

59-0711482

WICT INC

100 FESTIVAL PARK AV JACKSONVILLE, FL 32202

495011668

10,000

see Part IV #5

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501 (c)(3) 10,000 WEDU - TV 59-0840626 see Part IV #5 1300 N BOULEVARD

| TAMPA,FL 33607            |            |             |        |  |                |
|---------------------------|------------|-------------|--------|--|----------------|
| UNC<br>10 TW ALEXANDER Dr | 56-6172047 | STATE OF No | 10,000 |  | see Part IV #5 |

RESEARCH TRI, NC 27709

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84112

87-6000525 501 (c)(3) 10,000 see Part IV #5

KUED-TV 101 S WASATCH DR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501 (c)(3) 10.000 WHYY-TV 23-1438083 lsee Part IV #5 150 NORTH 6TH st PHILADELPHIA, PA 19106

KTTZ-TV CO TEXAS TECH 75-6002622 STATE OF TEXAS 10.000 see Part IV #5 UNIVERSITY PO BOX 42161 LUBBOCK,TX 794092161

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

927995113

KOCE-TV 95-3220724 501 (c)(3) 10,000 see Part IV #5 PO Box 25113 SANTA ANA, CA

(a) Name and address of (e) A mount of non- (f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (d) A mount of cash (a) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other)

| VALLEY PUBLIC        | 77-0162617 | 501 (c)(3) | 10,000 |  | see Part IV #5 |
|----------------------|------------|------------|--------|--|----------------|
| TELEVISION KVPT      |            |            |        |  |                |
| 1544 VAN NESS AVENUE |            |            |        |  |                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FRESNO, CA 93721

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

2015

OMB No 1545-0047

DLN: 93493131044647

Schedule J (Form 990)

Compensated Employees

|            |  | Complete if the organiza  |            | wered "Yes" on Form 990, Part 1V,<br>th to Form 990. | line 23.                | <u>. U</u> | <u> </u>       |    |
|------------|--|---|------------|--|-------------------------|------------|----------------|----|
| reas       | tment of the<br>ury<br>al Revenue Service    | ► Information about Schedule J (Fo  |            |  |                         |            | o Pul<br>ectio |    |
| Na         | me of the organiz                            |   |            |  | Employer identificati   | on nui     | mber           |    |
| PUE        | BLC BROADCASTING                             | SERVICE   |            |  | 52-0899215              |            |                |    |
| Pa         | rt I Questi                                  | ons Regarding Compensation  | 1          |  |                         |            | ı              |    |
|            |  |   |            |  |                         |            | Yes            | No |
| <b>1</b> a |  | ropiate box(es) if the organization pro<br>Section A, line 1a Complete Part III     |            |  |                         |            |                |    |
|            |  | s or charter travel   | ·          | Housing allowance or residence for                   | 3                       |            |                |    |
|            | Travel for                                   | companions  | Ė          | Payments for business use of pers                    | •                       | İ          | j i            |    |
|            | ✓ Taxıdemr                                   | nification and gross-up payments  | T          | Health or social club dues or initia                 | ation fees              | ĺ          | Ì              |    |
|            | Discretion                                   | nary spending account   | Г          | Personal services (e g , maid, cha                   | uffeur, chef)           | ļ          |                |    |
|            |  |   |            |  |                         |            |                |    |
| Ь          |  | xes in line 1a are checked, did the or<br>or provision of all of the expenses de    |            |  |                         | 1b         | Yes            |    |
| 2          |  | ation require substantiation prior to r   |            | · .  | •                       |            |                |    |
|            | directors, trust                             | ees, officers, including the CEO/Exec   | :utive Di  | rector, regarding the items checke                   | d in line 1a?           | 2          | Yes            |    |
| _          | T - d t d t                                  | 6   |            |  | - 611 -                 |            |                |    |
| 3          | organization's                               | , if any, of the following the filing orgar<br>CEO/Executive Director  Check all th | nat apply  | Do not check any boxes for metho                     | ods                     |            |                |    |
|            | _ ′  | ed organization to establish compens  |            | ,  | kplain in Part III      |            |                |    |
|            | <u> </u>                                     | ation committee   |            | Written employment contract                          |                         | <br>       |                |    |
|            | <u>.                                    </u> | ent compensation consultant   |            | Compensation survey or study                         |                         | <br>       |                |    |
|            | <b>✓</b> Form 990                            | of other organizations  | <b>✓</b>   | Approval by the board or compens                     | ation committee         | <br>       | <br>           |    |
| 4          | During the year<br>or a related org          | r, did any person listed on Form 990,<br>Janization                                 | Part VII   | , Section A , line 1a with respect to                | the filing organization |            |                |    |
| а          | Receive a seve                               | rance payment or change-of-control  | payment    | .7   |                         | 4a         | Yes            |    |
| b          | Participate in,                              | or receive payment from, a supplemer  | ntal nong  | qualified retirement plan?                           |                         | 4b         |                | Νo |
| c          |  | or receive payment from, an equity-ba   |            |  |                         | 4c         |                | Νo |
|            | If "Yes" to any                              | of lines 4a-c, list the persons and pro   | ovide the  | e applicable amounts for each item                   | ın Part III             |            |                |    |
|            | Only 501(c)(3)                               | , 501(c)(4), and 501(c)(29) organizat   | tions mu   | st complete lines 5-9.                               |                         |            |                |    |
| 5          | For persons lis                              | ted on Form 990, Part VII, Section A contingent on the revenues of                  |            | •  | any                     |            |                |    |
| а          | The organization                             | on?   |            |  |                         | 5a         |                | Νo |
| b          | Any related org                              | ganization?   |            |  |                         | 5b         |                | Νo |
|            | If "Yes," on line                            | e 5a or 5b, describe in Part III  |            |  |                         |            |                |    |
| 6          |  | ted on Form 990, Part VII, Section A<br>contingent on the net earnings of           | , line 1a, | , did the organization pay or accrue                 | any                     |            |                |    |
| а          | The organization                             | on?   |            |  |                         | <b>6</b> a |                | Νo |

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

**b** Any related organization?

ın Part III

If "Yes," on line 6a or 6b, describe in Part III

6b

7

8

Νo

Νo

Νo

| Seriedates (Form 550) 2015   | ruge z   |                    |                |                      |                     |  |  |  |  |
|--|--|--------------------|----------------|----------------------|---------------------|--|--|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. |  |                    |                |                      |                     |  |  |  |  |
| ınstructions, on row (ii) Do not list ar   | tion must be reported on Schedule J, report compensation from the only individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F |                    |                |                      |                     |  |  |  |  |
| (A) Name and Title   | (B) Breakdown of W-2 and/or 1099-MISC compensation   | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |  |  |  |  |

| (A) Name and Title | (B) Breakdown of | f W-2 and/or 1099-MIS          | SC compensation               | (C) Retirement and | ( <b>D</b> ) Nontaxable | ' '        | (F) Compensation in              |
|--------------------|------------------|--------------------------------|-------------------------------|--------------------|-------------------------|------------|----------------------------------|
|                    | Base             | (ii)                           | (ıiı)                         | other deferred     | benefits                | (B)(ı)-(D) | column(B) reported               |
|                    | (ı) compensation | Bonus & incentive compensation | Other reportable compensation | compensation       |                         |            | as deferred on prior<br>Form 990 |

Schedule 1 (Form 990) 2015

See Additional Data Table

| Schedule J (Form 990) 2015   | Page <b>3</b>  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Part III Supplemental Information  |  |  |  |  |  |  |  |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |  |  |  |  |  |  |  |
| Return Reference Explanation   |  |  |  |  |  |  |  |
| Return Reference   | Explanation  |  |  |  |  |  |  |
|  | Explanation  PBS GROSSES UP PAYMENTS FOR CERTAIN TAXABLE BENEFITS PROVIDED TO CERTAIN EXECUTIVES |  |  |  |  |  |  |

Schedule J (Form 990) 2015

D JONES \$ 66,840

## Software ID: Software Version:

**EIN:** 52-0899215

Name: PUBLIC BROADCASTING SERVICE

| Form 990, Schedule J,  (A) Name and Title          |      |                       | f W-2 and/or 1099-MI                |                                     | (C) Retirement and             | ( <b>D)</b> Nontaxable | (E) Total of columns | <b>(F)</b> Compensation in                        |
|--|------|-----------------------|-------------------------------------|-------------------------------------|--------------------------------|------------------------|----------------------|---|
|  |      | (i) Base Compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred<br>compensation | benefits               | (B)(ı)-(D)           | column (B) reported as deferred on prior Form 990 |
| 1PAULA A KERGER<br>PRESIDENT, CEO                  | (1)  | 628,203               | 189,900                             | 5,659                               | 53,000                         | 35,059                 | 911,821              | 0   |
|  | (11) | 0                     | 0                                   | 0                                   | 0                              | - 0                    | 0                    | 0   |
| 1JONATHAN BARZILAYCOO                              | (1)  | 282,158               | 64,800                              | 7,748                               | 0                              | 26,205                 | 380,911              | 0   |
|  | (11) | 0                     | 0                                   | 0                                   | 0                              | -                      |                      | 0   |
| <b>2</b> BARBARA L LANDES<br>SVP, CFO, TREASURER   | (1)  | 346,118               | 68,300                              | 9,617                               | 22,500                         | 26,059                 | 472,594              | 0   |
|  | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 3KATHERINE S LAUDERDALE<br>SVP, GEN COUNSEL & CORP | (1)  | 336,034               | 74,900                              | 0                                   | 22,500                         | 14,213                 | 447,647              | 0   |
| SECY   | (11) | 0                     | 0                                   | 0                                   | 0                              | -                      | 0                    | 0   |
| 4MARY LPLANTAMURA<br>ASST CORP SECY & ASSOC        | (1)  | 132,340               | 9,000                               | 0                                   | 11,250                         | 24,259                 | 176,849              | 0   |
| GEN  | (11) | 0                     | 0                                   | 0                                   | 0                              | -                      |                      | 0   |
| 5THOMAS E TARDIVO<br>SVP, FINANCE & ASST           | (1)  | 258,809               | 49,250                              | 3,025                               | 20,703                         | 33,416                 | 365,203              | 0   |
| TREASURER  | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 6MARIO P VECCHI<br>CHIEF TECHNOLOGY                | (1)  | 328,254               | 66,725                              | 10,119                              | 20,625                         | 25,873                 | 451,596              | 0   |
| OFFICER  | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 7MICHAEL D JONES<br>FORMER COO                     | (1)  | 126,709               | 45,000                              | 70,460                              | 22,500                         | 33,887                 | 298,556              | 0   |
|  | (11) | 0                     | 0                                   | 0                                   | 0                              | -                      |                      | 0   |
| 8BETH C HOPPE<br>CHIEF PROGRAMMING EXE             | (1)  | 310,414               | 99,175                              | 10,297                              | 21,200                         | 33,980                 | 475,066              | 0   |
|  | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 9IRA RUBENSTEIN<br>SVP & GM, DIGITAL               | (1)  | 320,700               | 70,150                              | 9,502                               | 16,875                         | 34,127                 | 451,354              | 0   |
|  | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 10LESLI J ROTENBERG<br>SVP & GM, CHILDEN'S MEDIA,  | (1)  | 308,076               | 67,450                              | 11,701                              | 21,200                         | 33,968                 | 442,395              | 0   |
| МКТ  | (11) | 0                     | 0                                   | 0                                   | 0                              | -                      |                      | 0   |
| 11MICHAEL D KELLEY<br>SVP, PROG, CONTENT SVCS      | (1)  | 259,835               | 50,800                              | 3,761                               | 20,703                         | 3,173                  | 338,272              | 0   |
| & BÚS  | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 12JUAN A SEPULVEDA JR<br>SVP, STATION SERVICES     | (1)  | 262,917               | 34,475                              | 5,720                               | 18,869                         | 33,382                 | 355,363              | 0   |
| SVP, STATION SERVICES                              | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
| 13JAYME S SWAIN                                    | (1)  | 238,289               | 47,625                              | 0                                   | 19,405                         | 19,442                 | 324,761              | 0   |
| SVP, STRATEGY & OPS                                | (11) | 0                     | 0                                   | 0                                   | 0                              |                        | -                    | 0   |
| 14CHRISTOPHER L HOMER                              | (1)  | 240,266               | 35,350                              | 0                                   | 19,215                         | 20,264                 | 315,095              | 0   |
| VP, TECHNICAL OPS & ENGINEERIN                     | (11) | 0                     | 0                                   | 0                                   | 0                              |                        |                      | 0   |
|  |      |                       |                                     |                                     |                                | 0                      | 0                    |   |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule K

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

2015

Open to Public
Inspection

**DLN: 93493131044647**OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990)

Name of the organization

▶Information about Schedule K (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

Employer identification number

|    | BLIC BROADCASTING SERVIC                             | · E                   |                   |                  |              |          |                   |                  |          | Lilipi           | oyer iu | entinca | tion nu      | IIDEI |       |
|----|--|-----------------------|-------------------|------------------|--------------|----------|-------------------|------------------|----------|------------------|---------|---------|--------------|-------|-------|
|    |  | · L                   |                   |                  |              |          |                   |                  |          | 52-0             | 8992    | 15      |              |       |       |
| P  | art I Bond Issues                                    |                       |                   |                  |              |          |                   |                  |          |                  |         |         |              |       |       |
|    | (a) Issuer name                                      | (b) Issuer EIN        | (c) CUSIP#        | (d) Date issued  | (e) Issue pr | ıce      | <b>(f)</b> Descri | otion of purpose | (        | ( <b>g)</b> Defe | eased   |         | On<br>alf of |       | Pool  |
|    |  |                       |                   |                  |              |          |                   |                  |          |                  |         | ISS     |              | IIIIa | ncing |
|    |  |                       |                   |                  |              |          |                   |                  |          | Yes              | No      | Yes     | No           | Yes   | No    |
| A  | FAIRFAX CTY ECON DEV<br>AUTH VAR RATE REV BOND       | 23-7011544            | 30382EDB7         | 06-30-2005       | 19,500       | ,000 REH | IAB/EXPA          | NSION-see part   | VI       |                  | Х       |         | X            |       | Х     |
| Pa | art II Proceeds                                      |                       | I                 |                  |              | I .      |                   |                  |          | I                | l       |         | 1            |       |       |
|    |  |                       |                   |                  | 4            | Α        |                   | В                |          |                  | С       |         |              | D     |       |
| 1  | A mount of bonds retired                             |                       |                   |                  |              | 2,540,0  | 00                |                  |          |                  |         |         |              |       |       |
| 2  | Amount of bonds legally defe                         | ased                  |                   |                  |              |          | 0                 |                  |          |                  |         |         |              |       |       |
| 3  | Total proceeds of issue                              |                       |                   |                  |              | 19,500,0 | 00                |                  |          |                  |         |         |              |       |       |
| 4  | Gross proceeds in reserve fu                         | ınds                  |                   |                  |              |          | 0                 |                  |          |                  |         |         |              |       |       |
| 5  | Capitalized interest from pro                        | ceeds                 |                   |                  |              | 520,0    | 00                |                  |          |                  |         |         |              |       |       |
| 6  | Proceeds in refunding escrow                         | vs                    |                   |                  |              |          | 0                 |                  |          |                  |         |         |              |       |       |
| 7  | Issuance costs from proceed                          | ds                    |                   |                  |              | 8,8      | 60                |                  |          |                  |         |         |              |       |       |
| 8  | Credit enhancement from pro                          | oceeds                |                   |                  |              | 36,8     | 19                |                  |          |                  |         |         |              |       |       |
| 9  | Working capital expenditures                         | from proceeds .       |                   |                  |              |          | 0                 |                  |          |                  |         |         |              |       |       |
| 10 | Capital expenditures from pro                        | oceeds                |                   |                  |              | 18,934,3 | 21                |                  |          |                  |         |         |              |       |       |
| 11 | Other spent proceeds                                 |                       |                   | 1                |              | 674,5    | 29                |                  |          |                  |         |         |              |       |       |
| 12 | Other unspent proceeds.                              |                       |                   | •                |              |          | 0                 |                  |          |                  |         |         |              |       |       |
| 13 | Year of substantial completion                       | on                    |                   |                  | 20           | 06       |                   |                  |          |                  |         |         |              |       |       |
|    |  |                       |                   |                  | Yes          | No       | Yes               | No               | <u> </u> | Yes              | N       | lo      | Yes          | ;     | No    |
| 14 | Were the bonds issued as pa                          | rt of a current refun | ding issue?       |                  |              | Х        |                   |                  |          |                  |         |         |              |       |       |
| 15 | Were the bonds issued as pa                          | rt of an advance ref  | unding issue?     |                  |              | Х        |                   |                  |          |                  |         |         |              |       |       |
| 16 | Has the final allocation of pro                      | oceeds been made?     |                   |                  | Х            |          |                   |                  |          |                  |         |         |              |       |       |
| 17 | Does the organization mainta allocation of proceeds? | ·                     |                   | port the final   | Х            |          |                   |                  |          | _                |         |         | _            |       |       |
| Pa | rt IIII Private Business                             |                       |                   |                  |              |          |                   |                  |          |                  |         |         |              |       |       |
|    |  |                       |                   |                  |              | ١        |                   | В                |          |                  | С       |         |              | D     |       |
|    |  |                       |                   |                  | Yes          | No       | Yes               | No               | ١        | Yes              | N       | lo      | Yes          |       | No    |
| 1  | Was the organization a partner                       |                       | or a member of an | LLC, which owned |              | ×        |                   |                  |          |                  |         |         |              |       |       |

|                   |  |              | A     |     |     | •  |     | L  |     | U        |
|-------------------|--|--------------|-------|-----|-----|----|-----|----|-----|----------|
|                   |  |              | Yes   | No  | Yes | No | Yes | No | Yes | No       |
| 3a                | Are there any management or service contracts that may result in private bu of bond-financed property?   | isiness use  |       | x   |     |    |     |    |     |          |
|                   | If "Yes" to line 3a, does the organization routinely engage bond counsel or of   | ther outside |       |     |     |    |     |    |     |          |
|                   | counsel to review any management or service contracts relating to the finance  | ced          |       |     |     |    |     |    |     |          |
| prope<br><b>c</b> | Are there any research agreements that may result in private business use c  | of bond-     |       |     |     |    |     |    |     |          |
|                   | financed property?   |              |       | Х   |     |    |     |    |     |          |
| d                 | If "Yes" to line 3c, does the organization routinely engage bond counsel or of counsel to review any research agreements relating to the financed property.  |              |       |     |     |    |     |    |     |          |
| 4                 | Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .   |              |       | 0 % |     |    |     |    |     |          |
| 5                 | Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | section      |       | 0 % |     |    |     |    |     |          |
| 6                 | Total of lines 4 and 5   |              |       | 0 % |     |    |     |    |     |          |
| 7                 | Does the bond issue meet the private security or payment test?   |              |       | Х   |     |    |     |    |     |          |
| 8a                | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?  |              |       | х   |     |    |     |    |     |          |
| b                 | If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis  | sposed of    |       |     |     |    |     | •  |     |          |
| С                 | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se<br>1 141-12 and 1 145-2?   | ections      |       | х   |     |    |     |    |     |          |
| 9                 | Has the organization established written procedures to ensure that all nonquibonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?                |              | ×     |     |     |    |     |    |     |          |
| Par               | t IV Arbitrage   |              | '     | '   |     |    | •   | •  | •   | <u>'</u> |
|                   | <del></del>  | А            |       |     | В   |    | С   |    | D   |          |
|                   | _  | Yes          | No    | Yes | No  | Ye | es  | No | Yes | No       |
| 1                 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?   |              | ×     |     |     |    |     |    |     |          |
| 2                 | If "No" to line 1, did the following apply?  |              |       |     |     |    |     |    |     |          |
| a                 | Rebate not due yet?  | Х            |       |     |     |    |     |    |     |          |
| b                 | Exception to rebate?   | Х            |       |     |     |    |     |    |     |          |
| С                 | No rebate due?   |              | Х     |     |     |    |     |    |     |          |
|                   | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed  |              |       |     |     |    |     |    |     |          |
| 3                 | Is the bond issue a variable rate issue?   | Χ            |       |     |     |    |     |    |     |          |
| 4a                | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?   | X            |       |     |     |    |     |    |     |          |
| b                 | Name of provider   | s bank       |       |     |     |    |     |    |     |          |
| С                 | Term of hedge  |              | 650 % |     |     |    |     |    |     |          |
| d                 | Was the hedge superintegrated?   |              | Х     |     |     |    |     |    |     |          |
| e                 | Was the hedge terminated?  |              | Х     |     |     |    |     |    |     |          |
|                   |  |              |       |     |     |    |     |    |     |          |

Page 3

| 6  | Were any gross proceeds invested beyond an available temporary period?                                 |     | Х  |       |    |     |    |       |    |
|----|--|-----|----|-------|----|-----|----|-------|----|
| 7  | Has the organization established written procedures to monitor the requirements of section $148^\circ$ | ×   |    |       |    |     |    |       |    |
| Pa | rt V Procedures To Undertake Corrective Action   |     |    |       |    |     |    |       |    |
|    |  |     |    |       |    |     |    |       |    |
|    |  | A   |    | В     |    | С ( |    | D     |    |
|    |  | Yes | No | Yes B | No | Yes | No | Yes D | No |

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2015

Return Reference Explanation

Fairfax County Economic Development Authority Variable Rate Revenue Bonds (Series 2005) were issued to

SCHEDULE K, PART I, LINE A column f, purpose finance the rehabilitation and expansion of technical facilities and outfitting of a new headquarters facility

Return Explanation Reference THE OTHER FUNDS SPENT OF \$674,529 ON IINF 11 REPRESENT SCHEDULE FUNDS SPENT K, PART II, FROM LINE 11, INVESTMENT OTHER PROCEEDS SPENT FROM proceeds INVESTMENTS THAT ACCRUED DURING THE PRO JECT PERIOD

| Return<br>Reference   | Explanation  |
|---|--|
| SCHEDULE K,<br>PART V,<br>PROCEDURES<br>TO<br>UNDERTAKE<br>CORRECTIVE<br>ACTION | PBS PERFORMS A DETAILED REVIEW OF ALL THIRD PARTY LEASE, MANAGEMENT, SERVICE OR OTHER AGREEMENTS THAT MAKE USE OF THE PBS FACILITIES THAT WERE REHABILITATED, EXPANDED AND OUTFITTED WITH THE PROCEEDS OF THE BONDS TO MEASURE WHETHER THERE IS PRIVATE BUSINESS USE AND IF SO, TO ENSURE THAT THERE ARE NO VIOLATIONS OF FEDERAL TAX REQUIREMENTS ASSOCIATED WITH THIS USAGE IF THE REVIEW OF AN AGREEMENT RAISES A CONCERN, PBS WOULD ENGAGE OUTSIDE BOND COUNSEL FOR GUIDANCE PRIOR TO AMENDING OR EXECUTING THE AGREEMENT AND MODIFY THE AGREEMENT ACCORDINGLY TO ENSURE THAT NO VIOLATION WOULD OCCUR |

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DLN: 93493131044647

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

OMB No 1545-0047

2015

| Department of the<br>Treasury<br>Internal Revenue Service             |                       | oout Schedu                      | ule M (Form 990) and its ins                           | tructions is at <u>www.irs.go</u>   | ov/fori | <u>n990</u>             | Open to<br>Insp |      |    |
|---|-----------------------|----------------------------------|--|---|---------|-------------------------|-----------------|------|----|
| lame of the organiz   | ation                 |                                  |  |   | Employ  | yer identific           | ation nu        | mber |    |
| UBLIC BROADCASTING  | SERVICE               |                                  |  |   | 52-08   | 99215                   |                 |      |    |
| Part I Types  | s of Property         |                                  |  |   | 32-00   | 99213                   |                 |      |    |
|   |                       | (a)<br>Check<br>If<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | 1       | Method o<br>oncash cont |                 | _    | ts |
| 1 Art—Works of  | art                   |                                  |  |   |         |                         |                 |      |    |
| 2 Art—Historical  | treasures .           |                                  |  |   |         |                         |                 |      |    |
| <b>3</b> Art—Fractiona  | linterests            |                                  |  |   |         |                         |                 |      |    |
| 4 Books and pub   | lications             |                                  |  |   |         |                         |                 |      |    |
| <b>5</b> Clothing and higods  | ousehold              |                                  |  |   |         |                         |                 |      |    |
| <b>6</b> Cars and other   |                       |                                  |  |   |         |                         |                 |      |    |
| <ul><li>7 Boats and plan</li></ul>                                    |                       |                                  |  |   |         |                         |                 |      |    |
| 8 Intellectual pro  |                       |                                  |  |   | 1       |                         |                 |      |    |
| 9 Securities—Pu   |                       |                                  |  |   | 1       |                         |                 |      |    |
| 10 Securities—Clo   | •                     |                                  |  |   |         |                         |                 |      |    |
| <b>11</b> Securities—Pa   | rtnership, LLC,       |                                  |  |   |         |                         |                 |      |    |
|   | sts                   |                                  |  |   |         |                         |                 |      |    |
| <ul><li>Securities—Mis</li><li>Qualified conscontribution—F</li></ul> | ervation<br>Historic  |                                  |  |   |         |                         |                 |      |    |
| structures .<br><b>14</b> Qualified cons                              |                       |                                  |  |   |         |                         |                 |      |    |
| contribution—0  | Other                 |                                  |  |   |         |                         |                 |      |    |
| <b>15</b> Real estate—R   |                       |                                  |  |   | 1       |                         |                 |      |    |
| <b>16</b> Real estate—C   |                       |                                  |  |   | 1       |                         |                 |      |    |
| <b>17</b> Real estate—O   |                       |                                  |  |   | 1       |                         |                 |      |    |
| <b>18</b> Collectibles .  |                       |                                  |  |   | -       |                         |                 |      |    |
| <b>19</b> Food inventory  |                       |                                  |  |   | 1       |                         |                 |      |    |
| <b>20</b> Drugs and med   | • •                   |                                  |  |   | 1       |                         |                 |      |    |
| <b>21</b> Taxıdermy .   |                       |                                  |  |   | 1       |                         |                 |      |    |
| <b>22</b> Historical artif  |                       |                                  |  |   |         |                         |                 |      |    |
| 23 Scientific spec  |                       |                                  |  |   | -       |                         |                 |      |    |
| 24 Archeological  | artifacts             |                                  | 2.10   |   |         |                         |                 |      |    |
| <b>25</b> Other►(<br>DONATED BROAD                                    | CAST                  | ×                                | 916  | 151,387,895   | IMPU    | IED VALUI               | E               |      |    |
| RIGHTS  |                       |                                  |  |   | -       |                         |                 |      |    |
| <b>26</b> Other ► (   |                       |                                  |  |   | 1       |                         |                 |      |    |
| <b>27</b> Other▶(<br><b>28</b> Other▶(                                | )                     |                                  |  |   |         |                         |                 |      |    |
| · <del></del>   | /<br>nc 9393 received | by the ora                       | ı<br>anızatıon durıng the tax yea                      | r for contributions   | 1       |                         |                 |      |    |
|   |                       |                                  | 2283, Part IV, Donee Acknowledge                       |   | 29      |                         |                 | Yes  | No |
| <b>30a</b> During the yea   | ar, did the organiza  | ation receiv                     | e by contribution any prope                            | rty reported in Part I, lines   | 1 thro  | ugh 28, tha             | t               |      |    |
| ıt must hold fo   | or at least three ye  | ars from th                      | e date of the initial contribu                         | ition, and which is not requ  | red to  | be used                 |                 |      |    |
| for exempt pu   | rposes for the enti   | re holding p                     | period <sup>7</sup>                                    |   |         |                         | 30a             | ]    | Νo |
| <b>b</b> If"Yes," desc  | ribe the arrangem     | ent in Part i                    | II   |   |         |                         |                 |      |    |
| <b>31</b> Does the orga   | nızatıon have a gıf   | ft acceptan                      | ce policy that requires the i                          | eview of any non-standard   | contril | outions?                | 31              |      | No |
| •   |                       |                                  | les or related organizations                           | · ·   |         |                         | 32a             |      | No |

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

describe in Part II

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

### Also complete this part for any additional information. Return Reference Explanation

THE COMPANY REPORTED 916 RECEIPTS OF DONATED BROADCAST RIGHTS. WHICH ARE CONTRIBUTIONS FOR CONTENT DEVELOPMENT MADE BY ORGANIZATIONS DIRECTLY TO (B)

SCHEDULE M. PART I. COLUMN

lproducers.



| Return<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part III, Line 4d<br>- Other<br>Program<br>Services | MEMBER SERVICES REPRESENTS OTHER SERVICES PROVIDED IN SUPPORT OF PBS' MEMBER STATIONS, INCLUDING DIGITAL PRODUCTS AND SERVICES, DEVELOPMENT, AND COPY RIGHT A DMINISTRATION REVENUES ARE DERIVED FROM MEMBER STATION DUES ASSESSMENTS EXPENSES \$10,061,698 INCLUDING GRANTS OF \$ 794,560 REVENUE \$ 24,051,041 EDUCATIONAL GRANTS REPRESENTS ACTIVITY RELATED PRIMARILY TO GRANTS RECEIVED FROM THE CORPORATION FOR PUBLIC BROADCASTING EXPENSES \$6,510,886 INCLUDING GRANTS OF \$ 2,245,521 REVENUE \$ 349,623 VENTURES - REPRESENTS ACTIVITIES ASSOCIATED WITH THE SALE OF DVDS, DIGITAL CONTENT, AND PROGRAM-RELATED PRODUCTS THAT ARE SOLD TO EDUCATIONAL INSTITUTIONS, LIBRARIES, BUSINESSES, GOVERNMENT AGENCIES AND INDIVIDUALS, THE LICENSING, DEVELOPMENT, AND DISTRIBUTION OF INTERACTIVE PRODUCTS, SUCH AS ONLINE VIDEO GAMES, THE LICENSING OF VIDEO CONTENT TO COMMERCIAL ONLINE AND MOBILE SERVICE PROVIDERS, AND ONLINE SPONSORSHIP ACTIVITIES EXPENSES \$ 4,704,206 INCLUDING GRANTS OF \$ 0 REVENUE \$ 37,454,655 ROYALTIES - REPRESENTS AMOUNTS DISTRIBUTED TO PUBLIC BROADCASTING STATIONS AND PRODUCERS FROM LICENSING FEE REVENUES RECEIVED FROM CABLE AND SATELLITE PROVIDERS, AND ADMINISTRATIVE COSTS ASSOCIATED WITH THE OVERSIGHT OF THESE ACTIVITIES REVENUES ARE DERVIVED FROM THE EXPLOITATION OF SOME DIGITAL PRODUCTS AND COURSE MATERIALS DEVELOPED FOR EDUCATORS EXPENSES \$ 2,411,472 INCLUDING GRANTS OF \$ 0 REVENUE \$ 3,003,132 |

| Return Reference                                 | Explanation   |
|--|---|
| FORM 990, PART IV, LINE<br>12 & PART XII LINE 2b | AUDIT OF FINANCIAL STATEMENTS PBS UNDERGOES AN ANNUAL AUDIT AS A CONSOLIDATED ENTITY AND THEREFORE IS NOT AUDITED ON AN INDIVIDUAL BASIS AUDITS ARE CONDUCTED BY AN INDEPENDENT ACCOUNTING FIRM |

| Return<br>Reference | Explanation  |
|---------------------|--|
| FORM 990, PART      | THE EXECUTIVE COMMITTEE OF THE PBS BOARD OF DIRECTORS HAS THE AUTHORITY TO ACT ON BEHALF OF THE      |
| VI, SECTION A,      | BOARD BETWEEN MEETINGS OF THE BOARD AS NEEDED, AND SHALL TIMELY REPORT SUCH ACTIONS TO THE FULL      |
| LINE 1              | BOARD THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, THE PBS PRESIDENT, THE CHAIRS OF THE FOUR |
|                     | STANDING COMMITTEES OF THE BOARD, AND THREE TO FIVE AT-LARGE DIRECTORS TO BE SELECTED BY THE BOARD   |
|                     | CHAIR ALL APPOINTMENTS TO THE EXECUTIVE COMMITTEE SHALL BE APPROVED BY A MAJORITY OF THE BOARD       |

| Return Reference   | Explanation  |
|--------------------|--|
| FORM 990, PART VI, | PBS' MEMBER STATIONS ARE FCC NON-COMMERCIAL, EDUCATIONAL LICENSEES THAT RECEIVE AND DISTRIBUTE |
| SECTION A, LINE 6  | PBS PROGRAMMING IN LOCAL MARKETS AFTER HAVING APPLIED FOR AND BEEN GRANTED MEMBERSHIP STATUS   |
|                    | IN PBS BY THE PBS BOARD  |

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7a | MEMBERS OF THE ORGANIZATION ELECT 14 OF THE 27 MEMBERS OF THE GOVERNING BODY |

| Return Reference   | Explanation   |
|--------------------|---|
| FORM 990, PART VI, | ANY AMENDMENT OF THE BY-LAWS ALTERING THE CLASSES OR NUMBER OF MEMBERS OR DIRECTORS, OR     |
| SECTION A, LINE 7b | THE TERMS OF DIRECTORS, SHALL ALSO REQUIRE THE APPROVAL OF A MAJORITY OF THE MEMBERS VOTING |

| Return Reference | Explanation   |
|------------------|---|
| ,                | THE PROCESS FOR REVIEWING THE PBS FORM 990 PRIOR TO FILING INCLUDES A REVIEW BY THE CEO, COO, CFO/TREASURER, GENERAL COUNSEL AND THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION, COPIES OF THE FORM ARE PROVIDED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING |

| Return<br>Reference | Explanation   |
|---------------------|---|
| FORM 990,           | IN ACCORDANCE WITH THE PBS CONFLICT OF INTEREST POLICY, ALL PBS STAFF AT THE DIRECTOR LEVEL AND ABOVE   |
| PART VI,            | ARE REQUIRED TO COMPLETE ANNUALLY A CONFLICT OF INTEREST FORM THESE FORMS ARE DISTRIBUTED, COLLECTED,   |
| SECTION B,          | RETAINED AND REVIEWED BY THE OFFICE OF THE PBS GENERAL COUNSEL. WITH RESPECT TO THE PBS BOARD,          |
| LINE 12c            | OFFICERS AND DIRECTORS COMPLETE ANNUALLY A CONFLICT OF INTEREST FORM AND THESE FORMS ARE REVIEWED       |
|                     | BY THE NOMINATING AND CORPORATE GOVERNANCE COMMITTEE AND THE CORPORATE SECRETARY IN ACCORDANCE          |
|                     | WITH THE POLICY, POTENTIAL CONFLICTS ARISING DURING THE YEAR ARE REVIEWED BY THE CHAIRMAN OF THE BOARD, |
|                     | THE CHAIR OF THE NOMINATING AND CORPORATE GOVERNANCE COMMITTEE, AND/OR THE CORPORATE SECRETARY          |

| Return<br>Reference | Explanation   |
|---------------------|---|
| FORM 990,           | THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR EXECUTIVE COMPENSATION. THE EXECUTIVE         |
| PART VI,            | COMMITTEE RETAINS AN INDEPENDENT EXECUTIVE COMPENSATION EXPERT WHO SUPPLIES COMPARABILITY DATA ON     |
| SECTION B,          | THE CEO AND ALL KEY EMPLOYEES AND SUBMITS A WRITTEN OPINION ON COMPLIANCE WITH INTERMEDIATE           |
| LINES 15a &         | SANCTIONS THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION ON CEO COMPENSATION TO THE FULL BOARD,       |
| 15b                 | WHICH APPROVES ANY SUCH COMPENSATION THE CEO IS RECUSED FROM ANY DISCUSSION AND VOTE THE              |
|                     | EXECUTIVE COMMITTEE APPROVES COMPENSATION OF THE EXECUTIVES AT THE "CHIEF" LEVEL, INCLUDING THE CHIEF |
|                     | OPERATING OFFICER, THE CHIEF FINANCIAL OFFICER, THE GENERAL COUNSEL (CHIEF LEGAL OFFICER), THE CHIEF  |
|                     | TECHNOLOGY OFFICER, AND THE CHIEF DIGITAL & MARKETING OFFICER   |

| Return<br>Reference | Explanation   |
|---------------------|---|
| FORMAGO             | LONG VENEZUE DOLLOW PROCEDURE PROCESS AND A PROTECT A MURITIFICATION OF PROCEDURE OFFICIALLY            |
| FORM 990,           | JOINT VENTURE POLICY/ PROCEDURE PBS HAS NOT A DOPTED A WRITTEN POLICY OR PROCEDURE SPECIFICALLY         |
| PART VI,            | REQUIRING THE EVALUATION OF ITS PARTICIPATION IN JOINT VENTURES UNDER FEDERAL TAX LAWS BUT, PURSUANT TO |
| SECTION B,          | THE BOARD OF DIRECTORS DELEGATION OF AUTHORITY RESOLUTION, THE APPROVAL OF THE BOARD OR AN              |
| LINE 16b            | AUTHORIZED COMMITTEE OF THE BOARD IS REQUIRED TO ENTER INTO ANY PARTNERSHIP OR SIMILAR Business         |
|                     | ARRANGEMENT WITH THIRD PARTIES, WHICH FACILITATES THE BOARDS DUE DILIGENCE REGARDING TAX AND OTHER      |
|                     | MPLICATIONS OF THE TRANSACTION IN ADDITION, THE BOARD HAS CREATED A BOARD ADVISORY COMMITTEE TO         |
|                     | REVIEW AND MAKE RECOMMENDATIONS WITH RESPECT TO REVENUE GENERATING OPPORTUNITIES AND THE IMPACT ON      |
|                     | PBS NONCOMMERCIAL MISSION   |

| Return Reference   | Explanation   |
|--------------------|---|
| FORM 990, PART VI, | PBS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST |
| SECTION C, LINE 19 | FINANCIAL STATEMENTS ARE AVAILABLE ON PBS' WEBSITE                                      |

| Return<br>Reference                              | Explanation   |
|--|---|
| FORM 990, PART<br>IX, COLUMIN D -<br>FUNDRAISING | FUNDRAISING COSTS REFLECTED IN PART IX, COLUMN D, RELATE TO TIME SPENT BY STAFF IN WRITING PROPOSALS AND SOLICITING SUPPORT FROM GOVERNMENT AGENCIES THE ASSOCIATED REVENUE AS A RESULT OF THESE EFFORTS IS REFLECTED IN PART VIII, LINE 1e, GOVERNMENT GRANTS AND / OR CONTRIBUTIONS PBS DOES NOT INCUR FUNDRAISING EXPENSES RELATED TO GRANTS AND / OR CONTRIBUTIONS LISTED IN PART VIII, LINE 1f THE AMOUNTS IN THIS LINE ITEM ARE MADE UP OF THE FOLLOWING CORPORATION FOR PUBLIC BROADCASTING (CPB) THE PUBLIC BROADCASTING ACT REQUIRES THAT A SET PERCENTAGE OF THE CPB FEDERAL APPROPRIATION BE USED FOR NATIONAL PUBLIC TELEVISION PROGRAMMING, PURSUANT TO A PLAN DEVELOPED BY CPB IN CONSULTATION WITH PBS AND SIMILAR ORGANIZATIONS, WHICH IS REGULARLY REVIEWED AND ADJUSTED PBS DOES NOT SOLICIT THESE FUNDS FROM CPB DONATED BROADCAST RIGHTS THESE ARE CONTRIBUTIONS FOR CONTENT DEVELOPMENT MADE BY ORGANIZATIONS DIRECTLY TO PRODUCERS THESE FUNDS ARE NOT SOLICITED BY PBS OTHER CONTRIBUTIONS PBS FOUNDATION SOLICITS FUNDS THROUGHOUT THE COUNTRY IN SUPPORT OF PUBLIC BROADCASTING THE MAJORITY OF THESE FUNDS ARE THEN GRANTED TO PBS TO ENSURE PBS' CONTINUED EXCELLENCE AND TO PROMOTE AND ENHANCE OUTSTANDING PUBLIC BROADCASTING PROGRAMS AND SERVICES |

| Return Reference   | Explanation   |   |
|--------------------|---|---|
| FORM 990, PART XI, | OTHER CHANGES IN NET ASSETS RETURN OF GRANT FUNDS (PRIOR YEAR) 14,807 MISCELLANEOUS ADJUSTMENTS | l |
| LINE 9             | 152,609 TOTAL FORM 990, PART XI, Line 9 \$167,416 =======                                       | l |

| Return Reference    | Explanation   |
|---------------------|---|
| FORM 990, PART XII, | THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE |
| LINE 2c             | ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS  |

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#### **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990)

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

| Name of the organization PUBLIC BROADCASTING SERVICE  |                           | entification number                                 |  |                           |                               |                   |                        |
|---|---------------------------|---|--|---------------------------|-------------------------------|-------------------|------------------------|
| Part I Identification of Disregarded Entities Comp  | olete if the organization | answered "Yes" on                                   | Form 990, Part                           | 52-089921<br>IV, line 33. | 5                             |                   |                        |
| (a)  Name, address, and EIN (if applicable) of disregarded entity   | (b) Primary activity      | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Total income                      | (e)<br>End-of-year assets | (f) Direct controlling entity |                   |                        |
| (1) PBS DIGITAL LLC<br>2100 CRYSTAL DRIVE<br>ARLINGTON, VA 22202<br>20-2550162  | see part vii              | DE  | 0  | 100                       | PBS                           |                   |                        |
| (2) PBS ENTERPRISES LLC<br>2100 CRYSTAL DRIVE<br>ARLINGTON, VA 22202<br>52-1398805  | see part vii              | VA  | 0  | 51,004                    | PBS                           |                   |                        |
|   |                           |   |  |                           |                               |                   |                        |
|   |                           |   |  |                           |                               |                   |                        |
| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during (a) Name, address, and EIN of related organization |                           | (c) Legal domicile (state or foreign country)       | Swered "Yes" or  (d)  Exempt Code sectio | (e)                       | (f) atus Direct controlling   | Section<br>(13) o | ( <b>g)</b><br>n 512(b |
|   |                           |   |  |                           |                               | en<br><b>Yes</b>  |                        |
| (1)PBS FOUNDATION 2100 CRYSTAL DRIVE  ARLINGTON, VA 22202   | see part vii              | DC  | 501(C)(3)                                | LINE 11a                  | PBS                           |                   | No                     |
| 20-1476451  |                           |   |  |                           |                               |                   |                        |
|   |                           |   |  |                           |                               | $\bot$            |                        |
|   |                           |   |  |                           |                               | +                 |                        |
|   |                           |   |  |                           |                               |                   |                        |
|   |                           |   |  |                           |                               |                   |                        |

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)<br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of end-<br>of-year<br>assets | (h) - Disproprtionate allocations? |    | Disproprtionate<br>allocations? |     | Disproprtionate |          | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene<br>mana<br>part | aging<br>:ner? | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|---|---------------------------------|--|------------------------------------|----|---------------------------------|-----|-----------------|----------|---|----------------------|----------------|--------------------------------|
|  |                            |   |  | ,   |                                 |  | Yes                                | No |                                 |     | No              |          |   |                      |                |                                |
| (1) PUBLIC MEDIA DISTRIBUTION ILC  10 GUEST ST BOSTON, MA 02135 26-3659281 | see part vii               | DE  | PBS                                    | related   | 27,397,712                      | 63,548,448                                       | Yes                                |    | 254,506                         | Yes |                 | 60 000 % |   |                      |                |                                |
|  |                            |   |  |   |                                 |  |                                    |    |                                 |     |                 |          |   |                      |                |                                |
|  |                            |   |  |   |                                 |  |                                    |    |                                 |     |                 |          |   |                      |                |                                |
|  |                            |   |  |   |                                 |  |                                    |    |                                 |     |                 |          |   |                      |                |                                |
|  |                            |   |  |   |                                 |  |                                    |    |                                 |     |                 |          |   |                      |                |                                |
|  |                            |   |  |   |                                 |  |                                    |    |                                 |     |                 |          |   |                      |                |                                |
|  |                            |   |  |   |                                 |  |                                    |    |                                 |     |                 |          |   |                      |                |                                |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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)<br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>Income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                                |   |                                     |   |                                 |   | -                              | Yes  | No |
|  |                                |   |                                     |   |                                 |   |                                |  |    |
|  |                                |   |                                     |   |                                 |   |                                |  |    |
|  |                                |   |                                     |   |                                 |   |                                |  |    |
|  |                                |   |                                     |   |                                 |   |                                |  |    |
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|  |                                |   |                                     |   |                                 |   |                                |  |    |
|  |                                |   |                                     |   |                                 |   |                                |  |    |
|  |                                |   |                                     |   |                                 |   |                                |  |    |
|  |                                |   |                                     |   |                                 |   |                                |  |    |

| Part V | Transactions With Related Organizations | Complete if the organization answered | d "Yes" on Form 990. Part I | V. line 34. 35b. or 36. |
|--------|---|---------------------------------------|-----------------------------|-------------------------|

|            | (a) (b) (c) (d)   |            |     |    |
|------------|---|------------|-----|----|
| 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 |            |     |    |
|            |   |            |     |    |
| s          | Other transfer of cash or property from related organization(s)   | <b>1</b> s | Yes |    |
| r          | Other transfer of cash or property to related organization(s)   | 1r         | Yes |    |
| •          |   |            |     |    |
| q          | Reimbursement paid by related organization(s) for expenses  | <b>1</b> q | Yes |    |
| р          | Reimbursement paid to related organization(s) for expenses  | <b>1</b> p |     | No |
| 0          | Sharing of paid employees with related organization(s)  | -          | 163 |    |
|            | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 10         |     |    |
|            | Performance of services or membership or fundraising solicitations by related organization(s)   | 1n         |     |    |
|            | Derformance of corruces or members by or fundrateing collectations by related organization(s)   | 1 m        | Yes | ı  |
| ı          | Performance of services or membership or fundraising solicitations for related organization(s)  | 11         | Yes |    |
| k          | Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     | No |
|            |   |            |     |    |
|            | Lease of facilities, equipment, or other assets to related organization(s)  | 1j         |     | No |
| i          | Exchange of assets with related organization(s)   | 1i         |     | No |
| h          | Purchase of assets from related organization(s)   | 1h         |     | No |
|            |   | <b>1</b> g |     | No |
| f          | Dividends from related organization(s)  | 1f         |     | No |
| е          | Loans or loan guarantees by related organization(s)   | 1e         |     | No |
| d          | Loans or loan guarantees to or for related organization(s)  | 1d         |     | No |
| c          | Gift, grant, or capital contribution from related organization(s)   | <b>1</b> c | Yes |    |
| b          | Gift, grant, or capital contribution to related organization(s)   | 1b         | Yes |    |
| а          | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a         |     | No |
| <b>1</b> D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |            |     |    |
|            | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |            | Yes | No |
|            |   |            |     |    |

| (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|------------------------|--|
| (1)PUBLIC MEDIA DISTRIBUTION LLC    | L                                       | 947,073                | COST   |
| (2)PUBLIC MEDIA DISTRIBUTION LLC    | N                                       | 640,452                | COST   |
| (3)PUBLIC MEDIA DISTRIBUTION LLC    | Q                                       | 4,672,623              | COST   |
| (4)PUBLIC MEDIA DISTRIBUTION LLC    | R                                       | 228,267                | COST   |
| (5)PUBLIC MEDIA DISTRIBUTION LLC    | S                                       | 30,923,348             | COST   |
|                                     |   |                        |  |

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

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

|  | revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|--|--|---|--|-----|----------------|--|--|-----|---|--|-----|--|---|---|--|--------------------------------|
| <b>(a)</b><br>Name, address, and EIN of entity | ( <b>b)</b><br>Primary activity  | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | org | organizations? |  | section<br>501(c)(3)<br>organizations? |     | (e) re all partners section 501(c)(3) organizations?  (f) Share of total income | (g)<br>Share of<br>end-of-year<br>assets |     | (h)<br>Disproprtionate<br>allocations? | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |  | (k)<br>Percentage<br>ownership |
|  |  |   | 314)   | Yes | No             |  |  | Yes | No  |  | Yes | No                                     |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     | 1 I                                    |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  | <u> </u>  |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
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|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |
|  |  |   |  |     |                |  |  |     |   |  |     |  |   |   |  |                                |

| Part VII Supplemental In   | Supplemental Information   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Provide additional information for responses to questions on Schedule R (see instructions) |  |  |  |  |  |  |  |  |  |  |
| Return Reference   | Explanation  |  |  |  |  |  |  |  |  |  |
| SCHEDULE R, PARTS I - IV   | RELATED ORGANIZATIONS Primary Activity PBS DIGITAL, LLC HOLDING COMPANY, ACCOUNTING FOR PBS' PROGRAM LICENSING ACTIVITIES WITH CHILDREN'S NETWORK, LLC IN PRIOR YEARS PBS ENTERPRISES, LLC HOLDING COMPANY PBS FOUNDATION TO SUPPORT PUBLIC BROADCASTING SERVICE PUBLIC MEDIA DISTRIBUTION, LLC PROMOTE PBS' MISSION THROUGH DISTRIBUTION OF |  |  |  |  |  |  |  |  |  |

Page 5

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

**PROGRAMS** 

SCHEDULE R, PART V, LINE 1R OTHER TRANSFER OF CASH OR PROPERTY TO RELATED ORGANIZATION(S) PUBLIC MEDIA DISTRIBUTION, LLC \$ 228,267 INTERCOMPANY PAYMENTS RESULTING FROM REMITTANCES PAID IN ERROR TO PBS INSTEAD OF PBSD