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Form **990**

Department of the Treasury
Internal Revenue Service

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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☑ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Public Broadcasting Service

% THOMAS TARDIVO TREAS/CFO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1225 S Clark Street | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, VA 22202

D Employer identification number
52-0899215

E Telephone number
(703) 739-5000

G Gross receipts $ 613,631,408

F Name and address of principal officer:
Paula A Kerger
1225 S Clark Street
ARLINGTON, VA 22202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.pbs.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1969

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE PUBLIC BROADCASTING SERVICE (PBS), INCORPORATED IN 1969, IS A MEMBERSHIP ORGANIZATION THAT IN PARTNERSHIP WITH ITS MEMBER STATIONS SERVES THE AMERICAN (CONTINUED ON SCHEDULE O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	597
6	Total number of volunteers (estimate if necessary)	**6**	29
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,436,420
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	203,001,962	295,752,131
	9	Program service revenue (Part VIII, line 2g)	206,049,091	211,144,779
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,421,971	3,271,676
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,870,861	40,334,042
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	463,343,885	550,502,628
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,531,950	13,348,739
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	81,307,150	88,115,674
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶79,025		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	390,495,068	450,634,521
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	499,334,168	552,098,934
	19	Revenue less expenses. Subtract line 18 from line 12	-35,990,283	-1,596,306

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	471,597,021	494,836,049
	21	Total liabilities (Part X, line 26)	121,600,891	148,116,964
	22	Net assets or fund balances. Subtract line 21 from line 20	349,996,130	346,719,085

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2021-05-14
Signature of officer | Date

THOMAS E TARDIVO Treasurer,CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01871563
Firm's name ▶ BDO USA LLP			Firm's EIN ▶	
Firm's address ▶ 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102			Phone no. (703) 893-0600	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PUBLIC BROADCASTING SERVICE (PBS), INCORPORATED IN 1969, IS A MEMBERSHIP ORGANIZATION THAT IN PARTNERSHIP WITH ITS MEMBER STATIONS SERVES THE AMERICAN (CONTINUED ON SCHEDULE O)

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 406,014,949 including grants of $ 855,715) (Revenue $ 178,807,691)

See Additional Data

4b (Code:) (Expenses $ 46,726,270 including grants of $ 3,518,374) (Revenue $ 1,938,723)

See Additional Data

4c (Code:) (Expenses $ 30,659,912 including grants of $ 950,000) (Revenue $)

See Additional Data

See Additional Data Table

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

(Expenses $ 29,689,463 including grants of $ 8,024,650) (Revenue $ 70,667,776)

4e **Total program service expenses ▶** 513,090,594

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	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*	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	Yes	
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? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	608			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	597			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	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?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	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**		
11a	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.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	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?	**16b**	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ VA

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THOMAS TARDIVO TREASCFO 1225 S CLARK STREET ARLINGTON, VA 22202 (703) 739-5000

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	6,639,899	0	738,264

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 256

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MULLENLOWE US, PO BOX 7247-7279 PHILADELPHIA, PA 19170	PAID ADVERTISING	7,715,513
LEVEL 3 COMMUNICATIONS, PO Box 910182 DENVER, CO 80291	INTERCONNECT TELECOM	4,972,587
CHECKS BALANCES, 10550 Linden Lake MANASSA, VA 20109	TEMP STAFFING	3,943,859
MORGAN LEWIS, 1111 PA AVE WASHINGTON, DC 20004	OUTSIDE COUNSEL	3,248,542
3PILLAR GLOBAL INC, 3975 FAIR RDG DR FAIRFAX, VA 22033	ENG. STAFFING SVCS	3,199,585

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 109

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a	80,389				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d	6,413,614				
e Government grants (contributions)	1e	21,296,905				
f All other contributions, gifts, grants, and similar amounts not included above	1f	267,961,223				
g Noncash contributions included in lines 1a - 1f:$	1g	194,087,981				
h **Total.** Add lines 1a-1f ▶			295,752,131			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a MEMBERSHIP DUES	900099	201,618,880	201,618,880		
b OTHER PROGRAM REVENUE	900099	8,197,635	7,062,509	1,135,126	
c STATION/PRODUCER SRVCS	900099	1,328,264	1,328,264		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶		211,144,779			

Other Revenue

			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			3,517,809		17,658	3,500,151
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			7,532,760	7,532,760		

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c	0	0

	(A)	(B)	(C)	(D)
d Net rental income or (loss) ▶	0			

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	62,882,647	
b Less: cost or other basis and sales expenses	7b	63,128,780	
c Gain or (loss)	7c	-246,133	

			(A)	(B)	(C)	(D)
d Net gain or (loss) ▶			-246,133			-246,133
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a	0				
b Less: direct expenses	8b	0				
c Net income or (loss) from fundraising events ▶			0			
9a Gross income from gaming activities. See Part IV, line 19	9a	0				
b Less: direct expenses	9b	0				
c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory ▶			0			

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a INCOME FROM SUBSIDIARIES	711300	30,526,327	30,307,321	219,006	
b ADMINISTRATIVE/ SERVICE FEES	515100	1,671,072	1,671,072		
c COMMUNICATION SERVICES	515100	177,730	113,100	64,630	
d All other revenue		426,153	426,153		
e **Total.** Add lines 11a–11d ▶		32,801,282			
12 **Total revenue.** See instructions ▶		550,502,628	250,060,059	1,436,420	3,254,018

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,340,608	13,340,608		
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.	8,131	8,131		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,050,193	1,482,019	3,568,174	
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	67,650,454	48,615,684	18,983,521	51,249
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,044,221	2,936,323	1,104,349	3,549
9 Other employee benefits	7,066,615	4,990,071	2,059,043	17,501
10 Payroll taxes	4,304,191	2,979,346	1,321,495	3,350
11 Fees for services (non-employees):				
a Management	0			
b Legal	4,392,114	3,684,593	707,521	
c Accounting	210,323		210,323	
d Lobbying	161,675	67,105	94,570	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	285,420		285,420	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,380,576	30,215,490	4,165,086	
12 Advertising and promotion	21,686,558	21,538,198	148,360	
13 Office expenses	1,406,537	643,187	763,350	
14 Information technology	8,893,597	5,166,095	3,727,502	
15 Royalties	852,550	852,550		
16 Occupancy	4,289,124	2,968,779	1,316,969	3,376
17 Travel	1,479,404	1,239,763	239,641	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,199,957	1,080,292	119,665	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	154,726,594	152,259,748	2,466,846	
23 Insurance	714,894	179,552	535,342	
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.)				
a DONATED BROADCAST RIGHTS	194,087,981	194,087,981		
b COMMUNICATIONS	13,816,903	13,509,392	307,511	
c PROGRAM RIGHTS	5,966,819	5,966,819		
d BAD DEBT EXPENSE	841,801	841,801		
e All other expenses	1,241,694	4,437,067	-3,195,373	
25 **Total functional expenses.** Add lines 1 through 24e	552,098,934	513,090,594	38,929,315	79,025
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).				

Part X **Balance Sheet**

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

			(A) Beginning of year		(B) End of year
Assets	**1**	Cash–non-interest-bearing	14,834,802	**1**	11,078,457
	2	Savings and temporary cash investments	39,210,302	**2**	60,154,502
	3	Pledges and grants receivable, net	103,171,975	**3**	76,157,008
	4	Accounts receivable, net	5,851,993	**4**	4,435,814
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	**5**	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	**6**	0
	7	Notes and loans receivable, net	0	**7**	0
	8	Inventories for sale or use	0	**8**	0
	9	Prepaid expenses and deferred charges	4,125,564	**9**	6,983,102
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — **10a** 187,622,591			
	b	Less: accumulated depreciation — **10b** 150,430,914	20,913,344	**10c**	37,191,677
	11	Investments—publicly traded securities	133,722,582	**11**	131,690,475
	12	Investments—other securities. See Part IV, line 11	45,736,415	**12**	47,396,406
	13	Investments—program-related. See Part IV, line 11	0	**13**	0
	14	Intangible assets	101,416,014	**14**	117,350,649
	15	Other assets. See Part IV, line 11	2,614,030	**15**	2,397,959
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	471,597,021	**16**	494,836,049
Liabilities	**17**	Accounts payable and accrued expenses	119,285,083	**17**	137,852,597
	18	Grants payable	0	**18**	89,000
	19	Deferred revenue	451,998	**19**	509,139
	20	Tax-exempt bond liabilities	0	**20**	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	**21**	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	**22**	0
	23	Secured mortgages and notes payable to unrelated third parties	0	**23**	0
	24	Unsecured notes and loans payable to unrelated third parties	0	**24**	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,863,810	**25**	9,666,228
	26	**Total liabilities.** Add lines 17 through 25	121,600,891	**26**	148,116,964
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	295,228,026	**27**	238,515,156
	28	Net assets with donor restrictions	54,768,104	**28**	108,203,929
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		**29**	
	30	Paid-in or capital surplus, or land, building or equipment fund		**30**	
	31	Retained earnings, endowment, accumulated income, or other funds		**31**	
	32	Total net assets or fund balances	349,996,130	**32**	346,719,085
	33	Total liabilities and net assets/fund balances	471,597,021	**33**	494,836,049

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	550,502,628
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,098,934
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,596,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	349,996,130
5	Net unrealized gains (losses) on investments	5	-1,136,569
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-544,170
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	346,719,085

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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.	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 52-0899215
Name: Public Broadcasting Service

Form 990 (2019)

Form 990, Part III, Line 4a:

CONTENT - REPRESENTS APPROXIMATELY 2,118 HOURS OF BROADCAST CONTENT, PROVIDED BY PBS TO ITS 150-MEMBER PUBLIC TELEVISION LICENSEES, TO INFORM, INSPIRE, ENGAGE, AND EDUCATE. THIS EXPENSE CATEGORY INCLUDES COSTS ASSOCIATED WITH ADMINISTERING PROGRAMMING, INCLUDING CONTENT OVERSIGHT, PROGRAM SCHEDULING AND PACKAGING. PBS CAPITALIZES THE COST OF PURCHASED BROADCAST RIGHTS (OBTAINED PRINCIPALLY FOR THE NATIONAL PROGRAM SERVICE), CHARGING SUCH RIGHTS TO EXPENSE WHEN THE PROGRAM IS MADE AVAILABLE TO MEMBER STATIONS FOR INITIAL BROADCAST. (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4b:

TECHNOLOGY AND OPERATIONS - REPRESENTS MEDIA OPERATION CENTER HANDLING, TECHNICAL EVALUATION AND OTHER PRE-TRANSMISSION PROCESSING OF ALL PROGRAM VIDEO; PROGRAM ORIGINATION TRANSMISSION INCLUDING OPERATIONAL SUPPORT FOR NEWS AND OTHER LIVE EVENT COVERAGE, AND THE SCHEDULING AND LOGGING OF ALL SATELLITE FEEDS. THIS EXPENSE CATEGORY ALSO INCLUDES OTHER TECHNICAL RESEARCH AND PLANNING, AND THE OVERSIGHT, LEASE AND ACQUISITION OF SATELLITE CAPACITY.

Form 990, Part III, Line 4c:

PROMOTION - REPRESENTS INSTITUTIONAL AND PROGRAM PROMOTION, AND PRESS EFFORTS INTENDED TO INCREASE VIEWERSHIP AND INCREASE AWARENESS OF THE VALUE OF PUBLIC TELEVISION. THESE ACTIVITIES PROVIDE PUBLIC TELEVISION STATIONS WITH A BROAD ARRAY OF PROMOTIONAL SUPPORT, INCLUDING ON-AIR AND ONLINE PROMOTIONAL SPOTS, SOCIAL MEDIA, PRINT AND RADIO ADVERTISING, PRESS SUPPORT AND THE COORDINATION OF PUBLIC TELEVISION'S EDUCATIONAL MESSAGE AND POSITIONING.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 18,714,903 including grants of $ 8,024,650) (Revenue $)

educational grants

(Code:) (Expenses $ 7,168,134 including grants of $) (Revenue $ 28,850,001)

member services

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:	) (Expenses $	2,845,468	including grants of $		) (Revenue $	38,764,484)
Ventures						
(Code:	) (Expenses $	960,958	including grants of $		) (Revenue $	3,053,291)
Royalties & Other						

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAULA A KERGER PRESIDENT, CHIEF EXEC OFFICER	32.0 8.0	X		X				1,223,171	0	88,172
JONATHAN BARZILAY CHIEF OPERATING OFFICER	39.0 1.0			X				614,025	0	80,732
IRA RUBENSTEIN CHIEF DIGITAL & MARKETING OFCR	40.0 0.0			X				461,879	0	67,857
KATHERINE S LAUDERDALE CHIEF LEGAL OFFICER, CORP. SEC	35.0 5.0			X				467,873	0	49,341
MARIO P VECCHI CHIEF TECHNOLOGY OFFICER	40.0 0.0			X				457,343	0	59,395
LESLI J ROTENBERG SVP&GM, CHILDREN'S MEDIA & ED	40.0 0.0				X			429,428	0	59,212
THOMAS E TARDIVO CHIEF FIN OFFCR & TREASURER	35.0 5.0			X				411,981	0	61,986
SIMON PERRY CHIEF PROG EXEC & GM, GENERAL	40.0 0.0				X			431,353	0	30,598
JEREMY GAINES SVP, CORPORATE COMMUNICATIONS	40.0 0.0					X		363,534	0	47,666
LINDA SIMENSKY VP, PBS KIDS CONTENT	40.0 0.0					X		337,681	0	43,226

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JAMES DUNFORD SVP, STATION SERVICES	40.0 0.0					X		307,335	0	39,186
RHONDA D HOLT VP, INFORMATION TECHNOLOGY	40.0 0.0					X		304,012	0	31,038
CRAIG A SPERLING VP AND DEPUTY GENERAL COUNSEL	40.0 0.0					X		307,201	0	24,316
JOHN J DOUGHERTY VP, PROG BUS AFF	0.0 0.0						X	308,354	0	20,330
MARY PLANTAMURA ASSOC GENERAL COUNSEL & ASST.	40.0 0.0			X				214,729	0	35,209
DEBORAH ACKLIN DIRECTOR	2.0 0.0	X						0	0	0
RONNIE AGNEW DIRECTOR	2.0 0.0	X						0	0	0
DONALD A BAER DIRECTOR, BOARD CHAIR	5.0 1.0	X						0	0	0
AFSANEH BESCHLOSS DIRECTOR, BOARD GEN VICE-CHR	4.0 1.0	X						0	0	0
MOLLY CORBETT BROAD DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MAXINE CLARK DIRECTOR	2.0 0.0	X						0	0	0
ROY CLEM DIRECTOR	2.0 0.0	X						0	0	0
ERROL B DAVIS JR DIRECTOR	1.0 0.0	X						0	0	0
ROBERT DUNLOP DIRECTOR	1.0 0.0	X						0	0	0
SUSI ELKINS DIRECTOR	1.0 0.0	X						0	0	0
CHARLES T HAGEL DIRECTOR	1.0 0.0	X						0	0	0
RICH HOMBERG DIRECTOR	2.0 0.0	X						0	0	0
SHAE HOPKINS DIRECTOR	3.0 0.0	X						0	0	0
LARRY IRVING DIRECTOR	1.0 0.0	X						0	0	0
KIM JOHNSON DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
KLIFF KUEHL DIRECTOR	1.0 0.0	X						0	0	0
ALLAN LANDON DIRECTOR	1.0 1.0	X						0	0	0
BECKY MAGURA DIRECTOR	2.0 0.0	X						0	0	0
KEVIN MARTIN DIRECTOR, BOARD PROF VICE-CHR	3.0 0.0	X						0	0	0
MOLLY M PHILLIPS DIRECTOR	2.0 0.0	X						0	0	0
COURTNEY PLEDGER DIRECTOR	1.0 0.0	X						0	0	0
VIVIAN RIEFBERG DIRECTOR	1.0 0.0	X						0	0	0
TOM RIELAND DIRECTOR	2.0 0.0	X						0	0	0
CATHERINE ROBB DIRECTOR	1.0 0.0	X						0	0	0
RAMON RODRIGUEZ DIRECTOR	2.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT SACHS DIRECTOR	2.0 0.0	X						0	0	0
GEOFF SANDS DIRECTOR	1.0 0.0	X						0	0	0
NEAL SHAPIRO DIRECTOR	1.0 0.0	X						0	0	0
TINA SHARKEY DIRECTOR	1.0 0.0	X						0	0	0
LISA SHUMATE DIRECTOR, BOARD PROF VICE-CHR	3.0 1.0	X						0	0	0
EVAN SMITH DIRECTOR	1.0 0.0	X						0	0	0
GARY STOKES DIRECTOR	2.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

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

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

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 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. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	199,742,159	271,250,915	277,989,807	203,001,962	295,752,131	1,247,736,974
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	199,742,159	271,250,915	277,989,807	203,001,962	295,752,131	1,247,736,974
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						0
6 **Public support.** Subtract line 5 from line 4.						1,247,736,974

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	199,742,159	271,250,915	277,989,807	203,001,962	295,752,131	1,247,736,974
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,949,870	2,568,275	3,456,710	3,702,175	3,497,603	16,174,633
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	2,034,098	2,818,632	2,489,806	1,980,708	1,436,420	10,759,664
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	32,445,400	34,701,140	31,462,827	31,401,352	32,517,646	162,528,365
11 **Total support.** Add lines 7 through 10						1,437,199,636

12 Gross receipts from related activities, etc. (see instructions) **12** 1,078,910,721

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 86.817 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15** 85.453 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 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—2018.** 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—2019.** 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 organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts 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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 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, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	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 **Part VI** 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? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
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 the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	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).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
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 required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II - OTHER INCOME EXPLANATION	"OTHER INCOME" REPRESENTS ROYALTIES RECEIVED FOR USE OF PBS COPYRIGHTED MATERIALS AND INCOME FROM SUBSIDIARIES.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue 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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of the organization	Employer identification number
Public Broadcasting Service	52-0899215

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j 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? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		4,371
d	Mailings to members, legislators, or the public?	Yes		1,766
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		33,463
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		122,075
j	Total. Add lines 1c through 1i			161,675
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?			

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

			Yes	No
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?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING 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.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,334,736	11,901,880	9,339,828	7,485,346	4,990,853
b Contributions	607,107	1,091,550	2,050,027	935,608	2,384,644
c Net investment earnings, gains, and losses	64,705	671,913	662,025	918,874	109,849
d Grants or scholarships					
e Other expenditures for facilities and programs	200,484	330,607	150,000		
f Administrative expenses					
g End of year balance	13,806,064	13,334,736	11,901,880	9,339,828	7,485,346

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 58.390 %

b Permanent endowment ▶ 38.550 %

c Temporarily restricted endowment ▶ 3.060 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,203		239,203
b Buildings		26,016,137	11,277,338	14,738,799
c Leasehold improvements		25,770,170	15,043,346	10,726,824
d Equipment		116,788,096	107,905,842	8,882,254
e Other		18,808,985	16,204,388	2,604,597
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				37,191,677

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	46,806,160	C
(3) Other (A) LIMITED LIABILITY COMPANY-NPM	590,246	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	47,396,406	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DEFERRED CREDIT-TENANT ALLOWANCE	9,701,550
(3) DEFERRED LEASE OBLIGATION	-35,322
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	9,666,228

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	699,923,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,136,569		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	-542,521		
d	Other (Describe in Part XIII.)	2d	181,959,248		
e	Add lines **2a** through **2d**			2e	180,280,158
3	Subtract line **2e** from line **1**			3	519,643,344
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	332,957		
b	Other (Describe in Part XIII.)	4b	30,526,327		
c	Add lines **4a** and **4b**			4c	30,859,284
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	550,502,628

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

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

1	Total expenses and losses per audited financial statements			1	702,137,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	150,452,396		
e	Add lines **2a** through **2d**			2e	150,452,396
3	Subtract line **2e** from line **1**			3	551,685,588
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	332,957		
b	Other (Describe in Part XIII.)	4b	80,389		
c	Add lines **4a** and **4b**			4c	413,346
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	552,098,934

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-0899215
Name: Public Broadcasting Service

Supplemental Information

Return Reference	Explanation
PART V, LINE 4, ENDOWMENT FUNDS:	THE PBS ENDOWMENT FUND CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. AS REQUIRED BY U.S. GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND R EPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED STIPULATIONS. THE COMPANY REPOR TS THOSE FUNDS IN ACCORDANCE WITH FASB 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, 2020 AND 2019, THE COMPANY HAD ENDOWMENT FUNDS TOTALING $13,806,063 AN D $13,334,735, RESPECTIVELY. OF THIS BALANCE, FUNDS TOTALING $5,322,267 AND $4,777,688 WER E RESTRICTED IN PERPETUITY AT JUNE 30, 2020 AND 2019, RESPECTIVELY. IN ADDITION TO THE NET ASSETS WITH DONOR RESTRICTIONS, THE COMPANY HAS BOARD DESIGNATED ENDOWMENT FUNDS. DONOR - RESTRICTED ENDOWMENT FUND: THE IRIS AND JOSEPH POLLOCK FUND: TO PROVIDE FOR THE BROADCAST AND DISSEMINATION OF CLASSICAL MUSIC PROGRAMMING. DONOR - RESTRICTED ENDOWMENT FUND: THE NEWS, JOURNALISM & PUBLIC AFFAIRS FUND, PROMOTING PUBLIC AFFAIRS PROGRAMMING AND INVESTIGA TIVE JOURNALISM FOUND IN PBS BROADCAST PROGRAMS LIKE PBS NEWSHOUR AND FRONTLINE. BOARD DES IGNATED ENDOWMENT FUND: TO PROVIDE A CONTINUED SOURCE OF INCOME FOR OPERATIONS, SPECIAL PR OJECTS, CAPITAL IMPROVEMENTS OR FOR EMERGENCY NEEDS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2 - ASC740:	UNDER FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, AN ORGANIZATION M UST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE COMPANY DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED. FOR THE YEARS END ED JUNE 30, 2020 AND 2019, THERE WERE NO INTEREST OR PENALTIES RELATED TO TAX POSITIONS IN CLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. THE COMPANY IS STILL OPEN TO EXAMINAT ION BY TAXING AUTHORITIES FROM FISCAL YEAR 2017 FORWARD.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PUBLIC MEDIA DISTRIBUTION, LLC: REVENUES, NET OF ELIMINATIONS: $(177,701,668) PBS FOUNDATION, INC. REVENUES, NET OF ELIMINATIONS: $ (4,337,969) REVENUES ALLOCATED TO PBS FOUNDATION : $ 80,389 ------------- TOTAL TO SCHEDULE D, PART XI, LINE 2D $(181,959,248) ==============

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INCOME FROM PBSD, LLC $30,526,327 ------------ TOTAL TO SCHEDULE D, PART XI, 4B $30,526,327 ============

Supplemental Information

Return Reference	Explanation
Part XII, Line 2D - OTHER ADJUSTMENTS:	PUBLIC MEDIA DISTRIBUTION, LLC: EXPENSES, NET OF ELIMINATIONS $147,175,341 PBS FOUNDATION, INC. EXPENSES, NET OF ELIMINATIONS $ 3,277,055 ------------- TOTAL TO SCHEDULE D, PART XI I, LINE 2D $150,452,396 =============

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AFFILIATE SUPPORT TO PBS FOUNDATION $80,389 --------- TOTAL TO SCHEDULE D, PART XII, LINE $80,389 =========

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number

52-0899215

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
North America			Grantmaking		8,131
3a Sub-total					8,131
b Total from continuation sheets to Part I . . .					
c **Totals** (add lines 3a and 3b)					8,131

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SEE PART V	8,131	WIRE			

2 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 . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
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 OF THE UNITED STATES. PBS' POLICIES AND PROCEDURES ARE TO ENSURE THAT ALL DONOR RESTRICTIONS AND REQUIREMENTS ARE MET, INCLUDING RELEVANT ALLOWABILITY CONSIDERATIONS, COST CONTROLS AND AUDIT REQUIREMENTS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART II, LINE 1, COLUMN (D):	(1) READY-TO-LEARN FOR DEVELOPMENT OF A KIDS MULTI-PLATFORM, TRANSMEDIA GAMING SUITE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, 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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 122

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 3

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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'S 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 GRANTS:	#1: READY-TO-LEARN FOR DEVELOPMENT OF A KIDS MULTI-PLATFORM, TRANSMEDIA GAMING SUITE. #2: PBS KIDS PILOT DESIGNED TO INCREASE AWARENESS AND INTEGRATION OF PBS DIGITAL EDUCATIONAL RESOURCES INCLUDING TECHNOLOGY, IN COMMUNITIES WHERE THESE RESOURCES ARE NOT READILY AVAILABLE. #3: PBS SUPPORT FOR THE AMERICAN PORTRAIT DOCUSERIES, A NATIONAL STORYTELLING PROJECT PAINTING A PICTURE OF AMERICAN LIFE AND EXPERIENCES TODAY. #4: T-MOBILE TRANSLATOR RE-PACK PROGRAM SUPPORTING PBS STATIONS IMPACTED BY THE FCC SPECTRUM RE-LOCATION INITIATIVE. #5: M. CARGILL PHILANTHROPIES SUPPORT PROVIDING PARENTS WITH TOOLS, RESOURCES AND COMMUNITY BUILDING OPPORTUNITIES TO ASSIST PRE-K CHILDREN WITH COGNITIVE AND SOCIAL-EMOTIONAL SKILL DEVELOPMENT. #6: ANNE RAY FOUNDATION SUPPORT OF A SYSTEM BRAND REFRESH FOR THE DIGITAL AGE. #7: ANNE RAY FOUNDATION SUPPORT OF GENERAL ARTS PROGRAMMING CELEBRATING U.S. IMMIGRANT TRADITIONS & CUISINE. #8: ANNE RAY FOUNDATION EDUCATIONAL OUTREACH PROJECT PROVIDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO TEACHERS IN RURAL COMMUNITIES. #9: CONTENT CREATION OF THE PBS RETRO REPORT, COMPRISING LOCALIZED STORIES OF PUBLIC INTEREST AND THEIR RELEVANCE TO OUR COUNTRY'S NARRATIVE. #10: ANNE RAY FOUNDATION SUPPORT OF GENERAL ARTS PROGRAMMING CELEBRATING AMERICA'S FIRST PEOPLES. #11: SUPPORT FOR THE REMAKE LEARNING DAYS ACROSS AMERICA EDUCATIONAL INITIATIVE. #12: INDIVIDUAL GIFT SUPPORTING A SPECIFIC PBS MEMBER STATION. #13: PBS AFFILIATE SUPPORT.

Additional Data

Software ID:
Software Version:
EIN: 52-0899215
Name: Public Broadcasting Service

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHOE INK LLC 25 MISTRAL LANE IRVINE, CA 92617	82-3680369	LLC PARTNERSHIP	3,632,633				SEE PART IV: #1
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)(3)	3,184,136				SEE PART IV: #1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA PUBLIC BROADCASTING -GPTV 260 14TH STREET NW ATLANTA, GA 30318	58-1496258	STATE OF GA	496,134				SEE PART IV: #2, #3, #4, #5, #6
THE UNIV OF NORTH CAROLINA CTR FOR PUB TV 10 ALEXANDER DR RESEARCH TRIANGLE, NC 27709	56-6172047	STATE OF NC	448,506				SEE PART IV: #4, #5, #6, #7

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA PBS 6450 CORPORATE DRIVE JOHNSTON, IA 50131	42-1008566	STATE OF IO	341,305				SEE PART IV: #4, #6, #8
RANDOM HOUSE CHILDREN'S ENTERTAINMENT LLC 1745 BROADWAY NEW YORK, NY 10019	13-2558190	C - CORPORATION	312,818				SEE PART IV: #1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH - KUENKUED 201 SP CIRCLE SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	298,788				SEE PART IV: #4, #6
IDAHO PUBLIC BROADCASTING - KAID 1455 N ORCHARD ST BOISE, ID 83706	82-6000952	STATE OF ID	296,167				SEE PART IV: #4, #5, #6, #8

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC MEDIA GROUP OF SOUTHERN CA - PBS SOCALKCET 3080 BRISTOL ST COSTA MESA, CA 92626	95-3220724	501(C)(3)	268,859				SEE PART IV: #2, #4
OHIO STATE UNIVERSITY-WOSU 2400 OLENTANGY RIVER Rd COLUMBUS, OH 43210	31-6025986	STATE OF OH	200,840				SEE PART IV: #4, #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	199,211				SEE PART IV: #1
UNIVERSITY OF NEBRASKAKUON CO NEBRASKA EDUC TEL 1800 N 33RD STREET LINCOLN, NE 68503	47-0049123	STATE OF NE	181,698				SEE PART IV: #4

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIONEER PUBLIC TV -KWCM 120 W SCHLIEMAN AVENUE APPLETON, MN 56208	41-6038611	501(C)(3)	154,356				SEE PART IV: #4, #6
KBTC-TV BATES TECHNICAL COLLEGE 2320 S 19TH ST TACOMA, WA 98405	91-1526457	STATE OF WA	153,080				SEE PART IV: #4

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CPCCWTVI PBS CHARLOTTE 3242 COMMONWEALTH AVE CHARLOTTE, NC 28205	45-5452541	501(C)(3)	138,240				SEE PART IV: #4
SOUTHERN OREGON PUBLIC TV - SOPTV 28 S FIR STREET MEDFORD, OR 97501	93-0669529	501(C)(3)	123,845				SEE PART IV: #4, #6, #8

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCKY MOUNTAIN PBS - KRMA 1089 BANNOCK STREET DENVER, CO 80204	84-0510785	501(C)(3)	119,296				SEE PART IV: #4, #6
PRAIRIE PUBLIC BROADCASTING INC 207 5TH STREET NORTH FARGO, ND 58102	45-0276899	501(C)(3)	118,842				SEE PART IV: #8

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHEASTERN PA ED TV ASSOC - WVIA 100 WVIA WAY PITTSON, PA 18640	23-1663603	501(C)(3)	118,600				SEE PART IV: #4, #6, #7
OREGON PUBLIC BROADCASTING KOPB 7140 SW MACADAM AVE PORTLAND, OR 97219	93-0814638	501(C)(3)	113,575				SEE PART IV: #4

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KNME-TV UNIVERSITY OF NEW MEXICO 1130 UNIVERSITY BLVD ALBUQUERQUE, NM 87102	85-6000642	STATE OF NM	113,261				SEE PART IV: #4, #6
MONTANA STATE UNIVERSITY-KUSM VISUAL COMM BLDG BOZEMAN, MT 59717	81-6010045	STATE OF MT	108,780				SEE PART IV: #4, #8

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHANNEL 5 PUBLIC BROADCASTING - KNPB 1670 N VIRGINIA ST RENO, NV 89503	88-0172215	501(C)(3)	104,558				SEE PART IV: #4, #6
WITF-TV 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)(3)	102,174				SEE PART IV: #4, #9

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINK TV WPTD CO GTR DAYTON PUBLIC TELEVISION 110 SOUTH JEFFERSON ST DAYTON, OH 45402	31-0858459	501(C)(3)	98,593				SEE PART IV: #4, #6
PBS FOUNDATION 1225 S CLARK STREET ARLINGTON, VA 22202	20-1476451	501(C)(3)	80,389				SEE PART IV: # 13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNJT-TV CO PUBLIC MEDIA NJ INC 825 EIGHTH AVENUE NEW YORK, NY 10019	45-2552448	501(C)(3)	74,097				SEE PART IV: #4, #6
JET PROPULSION LLC 315 S BEVERLY DR BEVERLY HILLS, CA 90212	80-0842237	LLC PARTNERSHIP	72,389				SEE PART IV: #1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VEGAS PBS - KLVX 3050 EAST FLAMINGO Rd LAS VEGAS, NV 89121	23-7169328	501(C)(3)	70,044				SEE PART IV: #3, #4, #6, #7, #9
CENTRAL WYOMING COLLEGE - KCWC 2660 PECK AVENUE RIVERTON, WY 82501	83-0206286	STATE OF WY	69,161				SEE PART IV: #4

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAEYC 1313 L ST NW WASHINGTON DC, DC 20005	36-6009499	501(C)(3)	66,671				SEE PART IV: #1
KSPS-TV 3911 SOUTH REGAL ST SPOKANE, WA 99223	23-7203753	501(C)(3)	59,204				SEE PART IV: #4, #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN RESERVE PUBLIC MEDIA - WNEO-TV 1750 CAMPUS CENTER DR KENT, OH 44240	34-1123819	501(C)(3)	56,924				SEE PART IV: #4, #6
KQED-TV 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	48,000				SEE PART IV: #10

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY EDUCATIONAL TV - KET 600 COOPER DRIVE LEXINGTON, KY 40502	61-0722558	501(C)(3)	43,947				SEE PART IV: #4
COLORADO PUBLIC TELEVISION - KBDI 2900 WELTON STE 100 DENVER, CO 80205	84-0723918	501(C)(3)	43,141				SEE PART IV: #4, #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA PUBLIC MEDIA - KAKM 3877 UNIVERSITY DR ANCHORAGE, AK 99508	23-7394629	501(C)(3)	38,883				SEE PART IV: #4, #6, #7, #9
WVTA VERMONT PBS 10 EAST ALLEN STREET WINOOSKI, VT 05404	22-2990644	501(C)(3)	30,460				SEE PART IV: #4

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTERN ILLINOIS UNIVERSITY FDTN - WQPT 3300 RIVER DRIVE MOLINE, IL 61265	37-0910458	501(C)(3)	30,318				SEE PART IV: #4, #6
REDWOOD EMPIRE PUBLIC TELEVISION - KEET PO BOX 13 EUREKA, CA 95502	94-1658168	501(C)(3)	29,939				SEE PART IV: #3, #4, #7, #9

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WQLN-TV CO WQLN PUBLIC MEDIA 8425 PEACH STREET ERIE, PA 16509	25-1154116	501(C)(3)	27,500				SEE PART IV: #3, #6, #7
UPPER CUMBERLAND BROADCAST COUNCIL - WCTE PO BOX 2040 COOKEVILLE, TN 38502	62-1203449	501(C)(3)	27,500				SEE PART IV: #3, #6, #7

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA RESEARCH Fdn Inc 12461 RESEARCH PARKWAY ORLANDO, FL 32826	59-2924021	STATE OF FL	27,500				SEE PART IV: #3, #6, #7
WSKG-TV 601 GATES ROAD VESTAL, NY 13850	15-0620345	501(C)(3)	27,500				SEE PART IV: #3, #6, #7

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PASO PUBLIC TELEVISION FOUNDATION - KCOS 9050 VISCOUNT BLVD EL PASO, TX 79925	23-7138922	501(C)(3)	27,500				SEE PART IV: #3, #6, #7
KWSU-TVKTNW-TV CO WASHINGTON STATE UNIV PO BOX 641025 PULLMAN, WA 99164	91-6001108	STATE OF WA	25,123				SEE PART IV: #4

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEASTREAM-WVIZWCPNWCLV 1375 EUCLID AVE CLEVELAND, OH 44115	34-1943865	501(C)(3)	24,668				SEE PART IV: #4, #6
WNETWLIW 825 EIGHTH AVE NEW YORK, NY 10019	13-1945149	501(C)(3)	20,000				SEE PART IV: #9

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ILLINOIS PUBLIC MEDIA WILL-TV 300 GOODWIN AVE URBANA, IL 61801	37-6000511	501(C)(3)	20,000				SEE PART IV: #6
ARKANSAS ETV NETWORK - AETN 350 S DONAGHEY CONWAY, AR 72034	71-0847443	STATE OF AR	20,000				SEE PART IV: #3, #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA PUBLIC BROADCASTING 7733 PERKINS RD BATON ROUGE, LA 70810	72-0850372	STATE OF LO	20,000				SEE PART IV: #3, #6
WISCONSIN PBS 821 UNIVERSITY AVE MADISON, WI 53706	39-1805963	STATE OF WI	20,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHYY-TV 150 N 6TH ST PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	18,500				SEE PART IV: #6, #7, #11
THE FLORIDA STATE UNIVERSITY - WFSU 1600 RED BARBER PLAZA TALLAHASSEE, FL 32310	59-1961248	STATE OF FL	18,011				SEE PART IV: #6, #9

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WJCT-TV 100 FP AVE JACKSONVILLE, FL 32202	59-0711482	501(C)(3)	18,000				SEE PART IV: #6, #7, #9
BLUE RIDGE PBS - WBRA 1215 MCNEIL DRIVE SW ROANOKE, VA 24015	54-0798878	501(C)(3)	17,500				SEE PART IV: #6, #7

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERMIAN BASIN PUBLIC TELECOM - KPBT PO BOX 8940 MIDLAND, TX 79708	20-3221344	501(C)(3)	17,500				SEE PART IV: #6, #7
WKNO-TV 7151 CHERRY FARM ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	15,326				SEE PART IV: #7, #9

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC TELEVISION 19 - KCPT 125 E 31ST ST KANSAS CITY, MO 64108	23-7114952	501(C)(3)	15,000				SEE PART IV: #6, #7
VPM MEDIA CORP - WCVEWCVWWVFTWHTJWCVE-FM 23 SESAME STREET RICHMOND, VA 23235	54-0735782	501(C)(3)	15,000				SEE PART IV: #6, #12

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KTTZ-TVFM 17TH INDIANA AVENUE LUBBOCK, TX 79409	75-6002622	STATE OF TX	12,500				SEE PART IV: #2, #6
FRIENDS OF MONTANA PBS INC PO BOX 10715 BOZEMAN, MT 59719	81-0426350	501(C)(3)	12,500				SEE PART IV: #6, #7

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA PUBLIC TELEVISION - WBIQ 2112 11TH AVE SOUTH BIRMINGHAM, AL 35205	63-6050895	501(C)(3)	12,500				SEE PART IV: #2, #6
BOARD OF TRUSTEES OF MICHIGAN STATE UNIV 404 WILSON RD212 EAST LANSING, MI 48824	38-6005984	501(C)(3)	12,500				SEE PART IV: #2, #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WPBS 1056 ARSENAL STREET WATERTOWN, NY 13601	15-0611509	501(C)(3)	11,500				SEE PART IV: #6, #7
FLORIDA GULF COAST UNIVERSITY FOUNDATION - WGCU 10501 FGCU BLVD SOUTH FT MYERS, FL 33965	65-0753801	STATE OF FL	11,500				SEE PART IV: #6, #7

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDOW TO THE WORLD - WTTW 5400 N ST LOUIS AVE CHICAGO, IL 60625	36-2246703	501(C)(3)	11,000				SEE PART IV: #7, #11
WSRE 1000 COLLEGE BLVD PENSACOLA, FL 32504	59-2993200	501(C)(3)	11,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW MEXICO STATE UNIVERSITY- KRWG-TV PO BOX 30001 LAS CRUCES, NM 88003	85-6000401	STATE OF NM	10,917				SEE PART IV: #4, #6
COUNTY OF HUMBOLDT 795 E FAIRGROUNDS RD WINNEMUCCA, NV 89445	88-6000086	STATE OF NV	10,745				SEE PART IV: #4

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NET NEBRASKA EDUCATIONAL TELECOMMUNICATIONS 1800 N 334D STREET LINCOLN, NE 68503	23-7122088	501(C)(3)	10,000				SEE PART IV: #6
GRAND VALLEY STATE UNIVERSITY - GVSU 1 CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	STATE OF MI	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES UNIFIED SCHOOL DISTRICT - KLCS 1061 WEST TEMPLE ST LOS ANGELES, CA 90012	95-6001908	STATE OF CA	10,000				SEE PART IV: #6
HAWAII PUBLIC TELEVISION FOUNDATION - KHET 315 SI ACCESS RD HONOLULU, HI 96819	99-0334518	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO UNIVERSITY - WOUB-TV PO BOX 960 ATHENS, OH 45701	31-6402113	STATE OF OH	10,000				SEE PART IV: #6
CET CONNECT - DAYTON 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	31-0560051	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUAM EDUCATIONAL TELECOMMUNICATIONS CORP-KGTV PO BOX 21449 BARRIGADA, GU 96921	98-0033332	501(C)(3)	10,000				SEE PART IV: #6
SMOKY HILLS PUBLIC TV - KOOD 604 ELM ST BUNKER HILL, KS 67626	48-0874906	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PUBLIC BROADCASTING - WEDH 1049 ASYLUM AVENUE HARTFORD, CT 06105	06-0758938	501(C)(3)	10,000				SEE PART IV: #6
SOUTH FLORIDA PBS INC - WPBT2 14901 NE 20TH AVE MIAMI, FL 33181	59-0737868	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNTAIN LAKE PBS ONE SESAME ST PLATTSBURGH, NY 12901	14-1513789	501(C)(3)	10,000				SEE PART IV: #6
KSMQ-TV 2000 EIGHTH AVE NW AUSTIN, MN 55912	68-0599645	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WLJT-TV PO BOX 966 MARTIN, TN 38237	62-1177950	501(C)(3)	10,000				SEE PART IV: #6
TEXAS A&M UNIVERSITY - KAMU TEXAS AM UNIV COLLEGE STATION, TX 77843	74-6000531	STATE OF TX	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW HAMPSHIRE PUBLIC TV - WENH 268 MAST ROAD DURHAM, NH 03824	94-3443883	501(C)(3)	10,000				SEE PART IV: #6
WPNE UNIVERSITY OF WISCONSIN 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEDU TV 1300 N BOULEVARD TAMPA, FL 33607	59-0840626	501(C)(3)	10,000				SEE PART IV: #6
LAKESHORE PUBLIC MEDIA - WYIN 8625 INDIANA PLACE MERRILLVILLE, IN 46410	31-0960136	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PBS FORT WAYNE WFWA 2501 E COLISEUM BLVD FORT WAYNE, IN 46805	23-7173906	501(C)(3)	10,000				SEE PART IV: #6
WETA - GTR WASHINGTON EDUC TELECOMM ASSOCINC 3939 CAMPBELL AVE ARLINGTON, VA 22206	53-0242992	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KVCR EDUCATIONAL FOUNDATION 701 S MT V AVE SAN BERNARDINO, CA 92410	33-0880165	501(C)(3)	10,000				SEE PART IV: #6
METROPOLITAN INDIANAPOLIS PUBLIC MEDIA - WFYI 1630 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1147600	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KVIE INC 2030 W EL CAMINO AVE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	10,000				SEE PART IV: #6
PUBLIC MEDIA FOR CENTRAL ILLINOIS DBA ILLINOIS VA 101 STATE STREET PEORIA, IL 61602	23-7041401	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITY - WBGU 245 TROUP AVENUE BOWLING GREEN, OH 43403	34-6402018	STATE OF OH	10,000				SEE PART IV: #6
BALL STATE PBS - WIPB 1111 N MCKINLEY AVE MUNCIE, IN 47306	35-6000221	STATE OF IN	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS PUBLIC TELECOMMUNICATIONS SERVICE - KPTS 320 W 21ST ST N WICHITA, KS 67203	48-0735215	501(C)(3)	10,000				SEE PART IV: #6
WKYU 1906 COLL H BLVD BOWLING GREEN, KY 42101	61-6055628	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WPSU PENN STATE UNIVERSITY 100 INNOV BLVD UNIVERSITY PARK, PA 16802	24-6000376	STATE OF PA	10,000				SEE PART IV: #6
WNED-TV PO BOX 1263 BUFFALO, NY 14240	16-0834459	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WSIU-TV 1215 DOUGLAS DR CARBONDALE, IL 62901	37-6005961	STATE OF IL	10,000				SEE PART IV: #6
TRI-STATE PUBLIC MEDIA INC - WNIN-TV TWO MAIN STREET EVANSVILLE, IN 47708	35-1307165	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA COLLEGE - WDCQWDCP-TV 1961 DELTA ROAD UNIVERSITY CENTER, MI 48710	38-6034011	STATE OF MI	10,000				SEE PART IV: #6
GTR NEW ORLEANS EDUC TELEVISION FNDTN - WYES TV 916 NAVARRE AVENUE NEW ORLEANS, LA 70124	72-0497926	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WTJX - VI PUBLIC TV PO BOX 7879 ST THOMAS, VI 00802	66-0432100	GOVT AGENCY	10,000				SEE PART IV: #6
BOARD OF TRUSTEES OF EASTERN ILLINOIS UNIV 600 LINCOLN AVE CHARLESTON, IL 61920	37-6013590	STATE OF IL	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN PBS - KLRU CO TEXAS OUBLIC TELECOMM COUN PO BOX 7158 AUSTIN, TX 78713	75-7126012	501(C)(3)	10,000				SEE PART IV: #6
VALLEYPBS KVPT 1544 VAN NESS AVE FRESNO, CA 93721	77-0162617	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NINE NETWORK PUBLIC MEDIA - KETC 3655 OLIVE ST ST LOUIS, MO 63108	43-0685345	501(C)(3)	10,000				SEE PART IV: #6
LAKELAND PBS 108 GRANT AVENUE NW BEMIDJI, MN 56601	41-1265701	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GTR CHATTANOOGA PUBLIC TELEVISION CORP - WTCI 7540 BONNYSHIRE DR CHATTANOOGA, TN 37416	62-1137597	501(C)(3)	10,000				SEE PART IV: #6
INDIANA UNIVERSITY - WTIU 1229 E 7TH ST BLOOMINGTON, IN 47405	35-6001673	STATE OF IN	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WUFT-TV PO BOX 118405 GAINESVILLE, FL 32611	59-6002052	STATE OF FL	10,000				SEE PART IV: #6
WVUT-TV CO VINCENNES UNIV FOUNDATION INC 1200 N SECOND ST VINCENNES, IN 47591	23-7268826	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WDSE TV 632 NIAGARA COURT DULUTH, MN 55811	41-1445030	501(C)(3)	10,000				SEE PART IV: #6
NORTHERN CALIFORNIA EDUCATION TELEVISION - KIXE 603 N MARKET ST REDDING, CA 96003	94-1569300	501(C)(3)	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHBURN UNIVERSITY KTWU 1700 SW COLLEGE AVE TOPEKA, KS 66621	48-6030115	STATE OF KS	10,000				SEE PART IV: #6
PANHANDLE PBS - KACV PO BOX 447 AMARILLO, TX 79178	75-6000031	STATE OF TX	10,000				SEE PART IV: #6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSISSIPPI PUBLIC BROADCASTING 3825 RIDGEWOOD RD JACKSONVILLE, MS 39211	64-0501333	STATE OF MS	8,875				SEE PART IV: #4
TWIN CITIES PUBLIC TELEVISION - KTCA 172 EAST 4TH ST SAINT PAUL, MN 55101	41-0769851	501(C)(3)	8,000				SEE PART IV: #9

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGTE PUBLIC MEDIA PO BOX 30 TOLEDO, MN 43614	34-6554586	501(C)(3)	8,000				SEE PART IV: #9
WXXI-TV 280 STATE STREET ROCHESTER, OH 14603	16-0838086	501(C)(3)	8,000				SEE PART IV: #7, #9

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASCADE PUBLIC MEDIA - KCTS-TV 401 MERCER STREET SEATTLE, NY 98109	91-1221895	501(C)(3)	7,500				SEE PART IV: #7
NASHVILLE PUBLIC TV INC - WNPT 161 RAINS AVE NASHVILLE, WA 37203	62-1740928	501(C)(3)	7,500				SEE PART IV: #7

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLIC BROADCASTING COUNCIL OF CNY - WCNY PO BOX 2400 SYRACUSE, TN 13220	16-0876277	501(C)(3)	7,500				SEE PART IV: #7

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

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
PART I, LINE 1A:	PBS GROSSES UP PAYMENTS FOR CERTAIN TAXABLE BENEFITS PROVIDED TO CERTAIN EXECUTIVES. PBS PROVIDED A NON-ACCOUNTABLE ALLOWANCE IN CALENDAR 2019 FOR TEMPORARY HOUSING AND TRANSPORTATION TO ONE EXECUTIVE.
PART I, LINE 4A:	FORMER VP OF PROGRAM BUSINESS AFFAIRS AND HCE RECEIVED SEVERANCE PAYMENT IN CALENDAR 2019 ON TERMS CONSISTENT WITH STANDARDS IN THE INDUSTRY. JOHN J. DOUGHERTY $ 254,858

Additional Data

Software ID:
Software Version:
EIN: 52-0899215
Name: Public Broadcasting Service

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PAULA A KERGER PRESIDENT, CHIEF EXEC OFFICER	(i)	750,371	452,375	20,425	56,000	32,172	1,311,343	0
	(ii)	0	0	0	0	0	0	0
1JONATHAN BARZILAY CHIEF OPERATING OFFICER	(i)	450,215	152,575	11,235	47,600	33,132	694,757	0
	(ii)	0	0	0	0	0	0	0
2 KATHERINE S LAUDERDALE CHIEF LEGAL OFFICER, CORP. SEC	(i)	385,147	80,475	2,251	36,400	12,941	517,214	0
	(ii)	0	0	0	0	0	0	0
3IRA RUBENSTEIN CHIEF DIGITAL & MARKETING OFCR	(i)	371,789	78,550	11,540	36,400	31,457	529,736	0
	(ii)	0	0	0	0	0	0	0
4MARIO P VECCHI CHIEF TECHNOLOGY OFFICER	(i)	378,724	73,250	5,369	36,400	22,995	516,738	0
	(ii)	0	0	0	0	0	0	0
5THOMAS E TARDIVO CHIEF FIN OFFCR & TREASURER	(i)	327,373	69,425	15,183	36,400	25,586	473,967	0
	(ii)	0	0	0	0	0	0	0
6MARY PLANTAMURA ASSOC GENERAL COUNSEL & ASST.	(i)	204,729	10,000	0	17,007	18,202	249,938	0
	(ii)	0	0	0	0	0	0	0
7SIMON PERRY CHIEF PROG EXEC & GM, GENERAL	(i)	350,200	69,160	11,993	7,000	23,598	461,951	0
	(ii)	0	0	0	0	0	0	0
8LESLI J ROTENBERG SVP&GM, CHILDREN'S MEDIA & ED	(i)	348,559	73,100	7,769	28,000	31,212	488,640	0
	(ii)	0	0	0	0	0	0	0
9JEREMY GAINES SVP, CORPORATE COMMUNICATIONS	(i)	308,002	46,650	8,882	16,800	30,866	411,200	0
	(ii)	0	0	0	0	0	0	0
10LINDA SIMENSKY VP, PBS KIDS CONTENT	(i)	252,656	85,025	0	20,583	22,643	380,907	0
	(ii)	0	0	0	0	0	0	0
11JAMES DUNFORD SVP, STATION SERVICES	(i)	262,110	45,225	0	12,600	26,586	346,521	0
	(ii)	0	0	0	0	0	0	0
12CRAIG A SPERLING VP AND DEPUTY GENERAL COUNSEL	(i)	270,001	37,200	0	21,728	2,588	331,517	0
	(ii)	0	0	0	0	0	0	0
13RHONDA D HOLT VP, INFORMATION TECHNOLOGY	(i)	266,637	37,375	0	21,088	9,950	335,050	0
	(ii)	0	0	0	0	0	0	0
14JOHN J DOUGHERTY VP, PROG BUS AFF	(i)	42,996	10,500	254,858	20,330	0	328,684	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DONATED BROADCAST RIGHTS)	X	1,506	194,087,981	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE COMPANY REPORTED 1,506 RECEIPTS OF DONATED BROADCAST RIGHTS WHICH ARE CONTRIBUTIONS FOR CONTENT DEVELOPMENT MADE DIRECTLY TO PRODUCERS. THESE FUNDS ARE NOT SOLICITED BY PBS.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1:	(CONTINUED FROM PARTS I & III) PUBLIC WITH PROGRAMMING AND SERVICES OF THE HIGHEST QUALITY , USING MEDIA TO EDUCATE, INSPIRE, ENTERTAIN AND EXPRESS A DIVERSITY OF PERSPECTIVES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5 & PART V, LINE 2A:	THE TOTAL NUMBER OF PBS EMPLOYEES WHO RECEIVED A 2019 FORM W-2 FROM THE FILING ORGANIZATION WAS 597.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - OTHER PROGRAM SERVICES:	(CONTINUED FROM PART III) UNAMORTIZED BROADCAST RIGHTS ARE SHOWN AS NONCURRENT ASSETS IN T HE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION BECAUSE CURRENT PORTIONS ARE NOT READILY DETERMINABLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES:	EDUCATIONAL GRANTS REPRESENTS ACTIVITY RELATED PRIMARILY TO GRANTS RECEIVED FROM THE CORPO RATION FOR PUBLIC BROADCASTING. EXPENSES $18,714,903. INCLUDING GRANTS OF $8,024,650. REVE NUE $0. OTHER MEMBER SERVICES REPRESENTS OTHER SERVICES PROVIDED TO PBS'S MEMBER STATIONS, INCLUDING DIGITAL PRODUCTS AND SERVICES, DEVELOPMENT, AND COPYRIGHT ADMINISTRATION. EXPEN SES $7,168,134. INCLUDING GRANTS OF $0. REVENUE $28,850,001. VENTURES - REPRESENTS ACTIVIT IES ASSOCIATED WITH THE SALE OF DVDS, DIGITAL CONTENT, AND PROGRAM-RELATED PRODUCTS THAT A RE SOLD TO EDUCATIONAL INSTITUTIONS, LIBRARIES, BUSINESSES, GOVERNMENT AGENCIES AND INDIVI DUALS; THE LICENSING, DEVELOPMENT, AND DISTRIBUTION OF INTERACTIVE PRODUCTS, SUCH AS ONLIN E VIDEO GAMES; THE LICENSING OF VIDEO CONTENT TO COMMERCIAL ONLINE AND MOBILE SERVICE PROV IDERS; AND ONLINE SPONSORSHIP ACTIVITIES. EXPENSES $2,845,468. INCLUDING GRANTS OF $0. REV ENUE $38,764,484. ROYALTIES AND OTHER - REPRESENTS AMOUNTS DISTRIBUTED TO PUBLIC BROADCAST ING STATIONS AND PRODUCERS FROM CABLE AND LICENSE FEE REVENUE RECEIVED FROM CABLE AND SATE LLITE PROVIDERS. EXPENSES $960,958. INCLUDING GRANTS OF $0. REVENUE $3,053,291.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 12 & PART XII LINE 2B:	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1:	THE EXECUTIVE COMMITTEE OF THE PBS BOARD OF DIRECTORS HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS OF THE BOARD AS NEEDED, AND SHALL TIMELY REPORT SUCH ACTIONS TO THE FULL BOARD. DURING THE REPORTING PERIOD, THE EXECUTIVE COMMITTEE CONSISTED OF THE BOARD CHAIR, THE PBS PRESIDENT, THE CHAIRS OF FOUR STANDING COMMITTEES OF THE BOARD, AND AT-LARGE DIRECTORS, SELECTED BY THE BOARD CHAIR, AS FOLLOWS: THREE DURING THE PERIOD JULY 1, 2019 - DECEMBER 4, 2019; AND FIVE DURING THE PERIOD DECEMBER 5, 2019 - JUNE 30, 2020. ALL APPOINTMENTS TO THE EXECUTIVE COMMITTEE SHALL BE APPROVED BY A MAJORITY OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2:	DIRECTORS BAER AND KERGER SERVED ON THE MEREDITH CORPORATION BOARD OF DIRECTORS DURING THE FISCAL YEAR.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B:	THE PROCESS FOR REVIEWING THE PBS FORM 990 PRIOR TO FILING INCLUDES A REVIEW BY THE CEO, C OO, CFO/TREASURER, CHIEF LEGAL OFFICER AND THE AUDIT COMMITTEE. IN ADDITION, COPIES OF THE FORM ARE PROVIDED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12c:	IN ACCORDANCE WITH THE PBS CONFLICT OF INTEREST POLICY, ALL PBS STAFF AT THE DIRECTOR LEVE L AND ABOVE ARE REQUIRED TO COMPLETE ANNUALLY A CONFLICT OF INTEREST FORM. THESE FORMS ARE DISTRIBUTED, COLLECTED, RETAINED AND REVIEWED BY THE OFFICE OF THE CHIEF LEGAL OFFICER. W ITH RESPECT TO THE PBS BOARD, OFFICERS AND DIRECTORS COMPLETE ANNUALLY A CONFLICT OF INTER EST 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 D URING THE YEAR ARE REVIEWED BY THE CHAIRMAN OF THE BOARD, THE CHAIR OF THE NOMINATING AND CORPORATE GOVERNANCE COMMITTEE, AND/OR THE CORPORATE SECRETARY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, COLUMN D - FUNDRAISING:	FUNDRAISING COSTS REFLECTED IN PART IX, COLUMN D, RELATE TO THE TIME SPENT BY STAFF IN WRI TING 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 CO NTRIBUTIONS. PBS DOES NOT INCUR FUNDRAISING EXPENSES RELATED TO GRANTS AND / OR CONTRIBUTI ONS LISTED IN PART VIII, LINE 1F. THE AMOUNTS IN THIS LINE ITEM ARE MADE UP OF THE FOLLOWI NG: 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 PR OGRAMMING, PURSUANT TO A PLAN DEVELOPED BY CPB IN CONSULTATION WITH PBS AND SIMILAR ORGANI ZATIONS, WHICH IS REGULARLY REVIEWED AND ADJUSTED. PBS DOES NOT SOLICIT THESE FUNDS FROM C PB. DONATED BROADCAST RIGHTS: THESE ARE CONTRIBUTIONS FOR CONTENT DEVELOPMENT MADE BY ORGA NIZATIONS 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'S CONTINUED EXCELLENCE A ND TO PROMOTE AND ENHANCE OUTSTANDING PUBLIC BROADCASTING PROGRAMS AND SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	OTHER CHANGES IN NET ASSETS: DE-OBLIGATION OF GRANT REVENUE (PRIOR YEARS) $(542,521) MISCE LLANEOUS ADJUSTMENTS $ (1,648) ----------- TOTAL FORM 990, PART XI, Line 9 $(544,169) ==== =======

990 Schedule O, Supplemental Information

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Public Broadcasting Service

Employer identification number
52-0899215

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PBS DIGITAL LLC 1225 S Clark Street ARLINGTON, VA 22202 20-2550162	see part vii	DE	0	100	PBS
(2) PBS ENTERPRISES LLC 1225 S Clark Street ARLINGTON, VA 22202 52-1398805	see part vii	VA	0	1,633	PBS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)PBS FOUNDATION 1225 S CLARK STREET ARLINGTON, VA 22202 20-1476451	see part vii	DC	501(C)(3)	LINE 12a	PBS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PUBLIC MEDIA DISTRIBUTION LLC 10 GUEST ST BOSTON, MA 02135 26-3659281	see part vii	DE	PBS	RELATED	27,500,723	85,887,681	Yes		219,006	Yes		60.000 %

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)PUBLIC MEDIA DISTRIBUTION LLC	L	1,089,760	COST
(2)PUBLIC MEDIA DISTRIBUTION LLC	N	581,311	COST
(3)PUBLIC MEDIA DISTRIBUTION LLC	Q	2,079,387	COST
(4)PUBLIC MEDIA DISTRIBUTION LLC	S	27,531,602	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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
PARTS I - IV, Column B:	RELATED ORGANIZATIONS PRIMARY ACTIVITY: PBS DIGITAL LLC: HOLDING COMPANY, ACCOUNTING FOR PBS'S 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: TO PROMOTE PBS'S MISSION THROUGH THE DISTRIBUTION OF PROGRAMS.