** PUBLIC DISCLOSURE COPY **

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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2015 calendar year, or tax year beginning JUL I, 2015 and e	enaing U	ON 30, 2016	
В	Check if	C Name of organization		D Employer identific	cation number
	applicable	PITTSBURGH COMMUNITY BROADCASTING			
	Addres change	S CORPORATION			
Г	Name change			23-7	257055
Ē	Initial return		Room/suite	E Telephone number	•
Г	Final return/	67 BEDFORD SQUARE		412-	381-9131
	termin- ated			G Gross receipts \$	3,749,212.
Г	Amend	PITTSBURGH, PA 15203-1152		H(a) Is this a group re	
	Application			for subordinates	? Yes X No
	pendin	67 BEDFORD SQUARE, PITTSBURGH, PA 1520	3-115	H(b) Are all subordinates in	cluded? Yes No
1	Tax-exe	mpt status: X 501(c)(3)			list. (see instructions)
		e: ▶ WWW.WYEP.ORG, WWW.WESA.FM		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 1972 N	State of legal domicile: PA
		Summary			
	1 [Briefly describe the organization's mission or most significant activities: OUR M	IISSIC	N IS TO ENR	ICH THE
Activities & Governance	1 ' 7	COMMUNITY THROUGH MUSICAL DISCOVERY, EXPR	ESSIC	N AND EDUCA	TION
nar	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Ver				3	16
င္ပ		Number of independent voting members of the governing body (Part VI, line 1b)			16
త		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)			32
ţį		Fotal number of volunteers (estimate if necessary)			250
ij		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, line 34			0.
	DI	Net difference business taxable income from 1 offi 350 1; iiilo 54		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		1,857,175.	3,646,635.
Revenue	1	Program service revenue (Part VIII, line 2g)	1	0.	625.
	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		30,933.	31,458.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		102,973.	60,784.
		Total revenue (Part VIII, Columni (A), lines 3, 6d, 6d, 9d, 10d, and 11d)		1,991,081.	3,739,502.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		219,724.	304,957.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	l	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,092,431.	2,052,521.
ses	15 3			10,812.	9,493.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		20/022	
X	_b	Total fundraising expenses (Part IX, column (D), line 25) 807,50	7	740,201.	1,574,722.
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,063,168.	3,941,693.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-72,087.	-202,191.
		Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances		The Land of Control of		4,631,022.	11,067,845.
SSE	20	Total assets (Part X, line 16)		114,986.	2,140,528.
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 29		4,516,036.	8,927,317.
-	2 22 art II	Signature Block		4,310,0300	0/52//02/
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and belief, it is
Und	der pena	thes of perjury, I declare that I wave examined this return, including accompanying screeding t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich nrenarei	has any knowledge	y miowioago ama zonen, mio
true	e, correct	t, and complete. Declaration of preparer (other man officer) is based on all information of with	ion proparoi	nas any knowledge:	
		Signature of officer		Date	
Sig					
He	re	TERENCE O'REILLY, CEO Type or print name and title			
				Date / Check	PTIN
r .	,	Print/Type preparer's name Preparer's signature Preparer's signature	2	3/1//7 if self-employ	
Pai	1	DEPENDED TO THE PROPERTY OF TH		Firm's EIN	25-1622758
	parer	Firm's name MAHER DUESSEL, CPA'S Firm's address 503 MARTINDALE STREET, SUITE 600	<u> </u>	THIII S EIIV	23 TO22130
Use	Only	11111 3 ddd1000 300 222222 2210 22 22 22 22 22 22 22 22 22 22 22 22 22	,	Dhona na // 1	2-471-5500
		PITTSBURGH, PA 15212		Priorie no. 4 1	X Yes No
Ma	ly the IF	S discuss this return with the preparer shown above? (see instructions)			LALITES LINO

23-7257055 Page 2 CORPORATION Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OUR MISSION IS TO ENRICH THE COMMUNITY THROUGH MUSICAL DISCOVERY, EXPRESSION AND EDUCATION Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. 2,771,795. including grants of \$ 304,957.) (Revenue \$) (Expenses \$ THE CORPORATION OPERATES EDUCATIONAL PUBLIC RADIO BROADCASTING STATIONS, WYEP - 91.3FM AND WESA - 90.5FM (EPM). WYEP PROVIDES A DIVERSE MIX OF MUSIC, NEWS AND PUBLIC AFFAIRS PROGRAMMING TO WESTERN PENNSYLVANIA AND SURROUNDING REGIONS. EPM PROVIDES LOCAL AND NATIONALLY SYNDICATED NEWS AND TALK SHOWS TO WESTERN PENNSYLVANIA AND SURROUNDING REGIONS. GRANTS WERE PROVIDED TO EPM FOR THE OPERATIONS OF WESA 90.5 FM. including grants of \$ (Code: ______) (Expenses \$ ______ including grants of \$ ______) (Revenue \$ _____ Other program services (Describe in Schedule O.) including grants of \$ <u>2,771</u>,795. Total program service expenses 4e

Form 990 (2015) CORPORATION

| Part IV | Checklist of Required Schedules

Par	t IV Checklist of Required Scriedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ĺ
	Schedule D, Part III	8		X
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		X
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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19		X

Form 990 (2015) CORPORATION

Part IV | Checklist of Required Schedules (continued)

- 01	entre interest of the quite and a constant of the property of			Γ
		00	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	04	X	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	000		X
	Schedule J	23		
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			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		X
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		X
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	X	

Page 5 CORPORATION Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 26 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3h b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes." to line 5a or 5b, did the organization file Form 8886-T? 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 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 X X If "Yes," did the organization notify the donor of the value of the goods or services provided? h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand

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

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

14a

X

Form 990 (2015)

CORPORATION

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 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 No 16 1a Enter the number of voting members of the governing body at the end of the tax year 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. 16 b Enter the number of voting members included in line 1a, above, who are independent ______ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Own website ____ Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: TARA LAZUR - 412-697-2942

15203-1152

BEDFORD SQUARE, PITTSBURGH, PA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	dad	Trecto	or/trus	Tee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	ıl trus)ee	mpen		(** 27 1000 141100)		and related
	below	ndividual trustee or director	Institutional trustee	_	Key employee	sst co	i i			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) RON LEIBOW	1.00									
BOARD MEMBER		X						0.	0.	0 .
(2) JEFF KESSEL	1.00									
TREASURER/CHAIR-FINANCE CO		X		X				0.	0.	0.
(3) SANDY GARFINKEL	1.00									
PRESIDENT		X		X		_		0.	0.	0.
(4) HARRIS JONES	1.00									
EPM EXECUTIVE BOARD MEMBER		X		X	_			0.	0.	0 .
(5) GREG JOSEPH	1.00									
CHAIR		X		X	_			0.	0.	0.
(6) BILL ADAMS	1.00									0.
SECRETARY		X	_	X	-	-	_	0.	0.	0.
(7) ED TRAVERSARI	1.00									0.
BOARD MEMBER	1 00	X	-		-	-	-	0.	0.	0.
(8) DANIEL KLEIN	1.00								0.	0.
BOARD MEMBER	1 00	X	-	_	├-	-	-	0.	0.	0.
(9) PETER ROSENFELD	1.00	-						0.	0.	0.
BOARD MEMBER	1 00	X	-		-	-	\vdash	0.	0.	0.
(10) NANCY WASHINGTON	1.00	-						0.	0.	0.
BOARD MEMBER	1 00	X	-		├	-	-	0.	0.	0 •
(11) TOM PETZINGER	1.00	-						0.	0.	0.
BOARD MEMBER	1 00	X	-	-	-	-	-	0.	0.	0.
(12) MICHELLE PAGANO HECK	1.00	~						0.	0.	0.
BOARD MEMBER	1.00	X			-	+	+-	0.	0.	0.
(13) BJ LEBER	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	Δ				\vdash		0.	0.	
(14) SEAN GANOE	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	Δ			\vdash	+		0.	0.	
(15) MARCO CARDAMONE	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	^	-		\vdash	+	1		0.	<u> </u>
(16) KATHY WALLACE	1.00	X						0.	0.	0.
BOARD MEMBER	40.00	- 22				+				
(17) ABBY GOLDSTEIN	-20.00	1		X				96,016.	0.	10,524.
GENERAL MANAGER				- 22				20,010.		Form 990 (2015)

CORPORATION

Part VII Section A. Officers, Directors, 1	<u> Frustees, Key Em</u>	ploy	ees,	and	d Hi	ighe	st C	Compensated Employed	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable		Estima	
	hours per	box	, unles	ss pe	rson	is bot	th an		compensation		amoun	
	week		cer and	a a a	Tecto	or/trus	Tee)	from	from related		othe	
	(list any	ecto						the	organizations		compens	
	hours for	or di	g)			ated		organization	(W-2/1099-MIS	(C)	from t	
	related	stee	ruste		_ n>	bens		(W-2/1099-MISC)			organiza	
	organizations	al tru	onali		loye	E o a					and rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organiza	lions
	,	Ĕ	Ë	<u>~</u>	S.	= 5	윤			-		
(18) SARAH WEMPLE	40.00			77				67 420		0	10 (001
DIRECTOR OF FINANCE AND HR				X		-	-	67,429.		0.	10,9	70I.
		-			-	-	-			-		
			-			-	-					
						-	_					
						_						
dle Cule dedel								163,445.		0.	21.5	505.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Par								163,445.		0.	21	505.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b			lioto	ما ما		۰۰۰۰۰۰	bo r		000 of reportable		22/	3000
		iose	iiste	u ai	DOV	e) wi	101	eceived more triair \$100	,000 of reportable	,		0
compensation from the organization											Yes	
					1 -			hishaat componented o	moleyee en	Г		1
3 Did the organization list any former offi												X
line 1a? If "Yes," complete Schedule J i										-	3	
4 For any individual listed on line 1a, is th									ne organization			~
and related organizations greater than										-	4	X
5 Did any person listed on line 1a receive												37
rendered to the organization? If "Yes,"	complete Schedul	e J f	or su	ıch	pers	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highes										pensa	ation from	
the organization. Report compensation	for the calendar y	ear (endir	ng v	vith	or w	/ithi	n the organization's tax y	/ear.			
(A)								(B)		_	(C)	
Name and busin	ness address	NO	ONE	3				Description of s	ervices		ompensati	on
2 Total number of independent contractor	ore (including but n	ot li	mitar	1 to	tho	ا می	ster	d above) who received m	ore than			
2 Total number of independent contractors \$100,000 of compensation from the org		10 t III				0	0.00	2 abovo, willo 10001v0d 11				
\$100,000 of compensation from the org	yai iizali0i i								L		Earm 990	(0015)

CORPORATION

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Form 990 (2015) CORPORA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Related organizations	1b 1 , 1c	480,549.				
를 한 한	g							
Cor	_	Total. Add lines 1a-1f			3,646,635.			
				Business Code				
ø l	2 a	JAZZ WORKS		900099	625.	625.		
Ş .	b							
Program Service Revenue	С							
eve	d							
Ba	е							
P.	f	All other program service rever	nue					
	q	Total. Add lines 2a-2f			625.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			31,458.			31,458.
	4	Income from investment of tax	exempt bond	oroceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u> </u>	>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses				1		
	С	Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising	g events (not			,		
nue		including \$	of		-			
Other Reven		contributions reported on line	1c). See					
무		Part IV, line 18				,		
)th		Less: direct expenses		9,710.				1 000
		Net income or (loss) from fund			1,222.			1,222.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19			-			
		Less: direct expenses						
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less						,
		and allowances						
		Less: cost of goods sold				, ,		
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	9	Business Code		24 24 17		
		OTHER INCOME		515100	31,317.	31,317.		
	b	SALES		515100	28,245.	28,245.		
	С							
		All other revenue			E0 EC0			
		Total. Add lines 11a-11d			59,562. 3,739,502.	60,187.	0 .	32,680.
	12	Total revenue. See instructions.			ე,/ეუ,ე∪⊿ ∘	00,10/°	0 .	J

Form 990 (2015) CORPORATION
Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe			
	Check if Schedule O contains a respon-	se or note to any line in t	(B)	(C)	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	304,957.	304,957.		
2	Grants and other assistance to domestic			:	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	167,720.	21,625.	113,657.	32,438.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,575,541.	1,130,510.	50,351.	394,680.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,412.	28,360.	193.	5,859.
9	Other employee benefits	124,220.	92,814.	4,548.	26,858.
10	Payroll taxes	150,628.	103,111.	12,707.	34,810.
11	Fees for services (non-employees):				
	Management	35,000.	25,000.	5,000.	5,000.
	Legal	5,516.		5,516.	
	Accounting	14,155.		14,155.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	9,493.			9,493
f	Investment management fees	- ,			
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	133,339.	95,241.	3,400.	34,698
40	Advertising and promotion	177,399.	129,777.	425.	47,197
12 13	Office expenses	175,568.	50,083.	4,634.	120,851
14	Information technology	67,076.	36,208.		30,868
	Royalties	01/0100			
15		84,021.	63,184.	5,127.	15,710
16	Occupancy	14,444.	9,185.	1,007.	4,252
17	Travel Payments of travel or entertainment expenses	22/222		•	
18	for any federal, state, or local public officials				
4.0					
19	Conferences, conventions, and meetings	26,256.		26,256.	
20	Interest Payments to affiliates	20/2000			
21	Depreciation, depletion, and amortization	123,745.	97,829.	9,610.	16,306
22	. '	26,471.	16,118.	6,174.	4,179
23	Other expenses. Itemize expenses not covered	20/2/10	20/2200	3,	
24	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 0.) ON AIR PROGRAMMING/TRAN	465,914.	465,914.		
a	PROFESSIONAL DEVELOPMEN	119,907.	22,623.	93,364.	3,920
b	ALLEGHENY FRONT	75,865.	75,865.		
C	PREMIUMS	12,812.	, 5 , 5 5 5 6		12,812
d		17,234.	3,391.	6,270.	7,573
e		3,941,693.	2,771,795.	362,394.	807,504
25	Total functional expenses. Add lines 1 through 24e	J, JEI, 093.	4,111,170.	502/5520	55.,551
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)				Form 990 (2015

Form 990 (2015)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	557,388.	1	1,284,445.
	2	Savings and temporary cash investments	34,019.	2	8,004.
	3	Pledges and grants receivable, net	92,500.	3	199,875.
	4	Accounts receivable, net	88,921.	4	201,664.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
w		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	66,143.	9	129,647.
	10a	Land, buildings, and equipment: cost or other			
	IUa	basis. Complete Part VI of Schedule D 10a 4,580,745.			
	b	Less: accumulated depreciation 10b 1,362,474.	3,040,002.	10c	3,218,271.
	11	Investments - publicly traded securities	501,799.	11	525,939.
	12	Investments - other securities. See Part IV, line 11		12	•
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	5,500,000.
	15	Other assets. See Part IV, line 11	250,250.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,631,022.	16	11,067,845.
	17	Accounts payable and accrued expenses	45,793.	17	184,761.
	18	Grants payable		18	
	19	Deferred revenue		19	6,600.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	diam Alam	key employees, highest compensated employees, and disqualified persons.			
liqu		Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	1,200,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	69,193.	25	749,167.
	26	Total liabilities. Add lines 17 through 25	114,986.	26	2,140,528.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
uc	27	Unrestricted net assets	4,388,199.	27	8,579,630.
Sala	28	Temporarily restricted net assets	127,837.	28	347,687.
JQ E	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □□□			
ŏ		and complete lines 30 through 34.		4	
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	A E1C 02C	32	0 007 217
~	33	Total net assets or fund balances	4,516,036. 4,631,022.	33	8,927,317. 11,067,845.
	34	Total liabilities and net assets/fund balances	4,031,044.	34	Form 990 (2015)

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form	990 (2015) CORPORATION	23-	7257	055	Pag	je 12
	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
	·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,739	,5	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,941	.,6	93.
3	Revenue less expenses. Subtract line 2 from line 1	3		-202		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,516	5,0	<u>36.</u>
5	Net unrealized gains (losses) on investments	5		- 7	7,7	01.
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	4	,621	.,1	<u>73.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8	,927	7,3	<u> 17.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	tik			
	Act and OMB Circular A-133?			3a		X
			111			

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

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING

Employer identification number 23-7257055

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

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,093,498.	1,828,275.	2,152,791.	1,857,175.	3,646,635.	13,578,374.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,093,498.	1,828,275.	2,152,791.	1,857,175.	3,646,635.	13,578,374.
5	The portion of total contributions						
	by each person (other than a					1	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				,		1,911,032.
6	Public support. Subtract line 5 from line 4.						11,667,342.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	4,093,498.	1,828,275.	2,152,791.	1,857,175.	3,646,635.	13,578,374.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					04 450	400 550
	and income from similar sources	14,612.	23,454.	29,315.	30,933.	31,458.	129,772.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					E4 440	E04 641
	assets (Explain in Part VI.)	100,099.	90,662.	111,206.	151,555.	71,119.	524,641.
	Total support. Add lines 7 through 10						14,232,787.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	15,014.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0-	organization, check this box and stor	here	roontago				
	ction C. Computation of Publ			(0)		14	81.98 %
	Public support percentage for 2015 (15	71.82 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14		14 io 22 1/20/ or n		
16a	33 1/3% support test - 2015. If the	organization did no	orted ergenization	Time 15, and line	14 15 33 1/3/0 01 11	iore, check this bo	× and
	stop here. The organization qualifies 33 1/3% support test - 2014. If the o	as a publicly supp	t chock a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more check th	
l:	and stop here. The organization qual	ifice as a publicly s	cupported organize	ation	11110 13 13 00 17070	or more, erroek ar	▶
47-	and stop nere. The organization qual 10% -facts-and-circumstances tes	• 2015 If the ora	anization did not c	heck a hox on line		and line 14 is 10%	or more.
1/8	and if the organization meets the "fac	te and circumstan	ces" test check th	nis box and stop b	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances tes						
IC.	more, and if the organization meets the						
	organization meets the "facts-and-circ						
10	Private foundation. If the organization						
10	rivate iounidation, il the organization	did not oncor a	20, 311 1110 10, 101	., ,	,		

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION

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

(Complete only if you checked the box on line 9 of Part I or if the	organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Sac	ction A. Public Support	now, please comp	piete i ait ii.j							
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	ndar year (or fiscal year beginning in)	(a) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2010	(i) rotai			
7	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.")									
_										
2	Gross receipts from admissions, merchandise sold or services per-									
	formed, 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 bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization'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									
7 a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
k	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									
	Public support. (Subtract line 7c from line 6.)		,							
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources									
r	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
_	Add lines 10a and 10b									
	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is									
12	regularly carried on Other income. Do not include gain									
12	or loss from the sale of capital									
40	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.) [First five years. If the Form 990 is for	the every imption!	a first assemble this	d fourth or fifth t	av voar as a secti	on 501(c)(3) organi	zation			
14	=									
200	check this box and stop herection C. Computation of Publi	o Support Da	rcentage							
				naluma (fl)		15	%			
	Public support percentage for 2015 (li					16				
-	Public support percentage from 2014 ction D. Computation of Inves					10	70			
	· ·			20 12 column (fl)		17	%			
	Investment income percentage for 20									
	Investment income percentage from 2									
19a	33 1/3% support tests - 2015. If the									
	more than 33 1/3%, check this box ar									
k	b 33 1/3% support tests - 2014. 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	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tl	nıs box and see in	structions	P			

Part IV | Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion 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		
За	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		
С	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 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? 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		
С	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		
С	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	4.		
	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	· · · · · · · · · · · · · · · · · · ·			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	9a		
1.	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	Ja		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	30		
С	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		
40-	and the state of t	30		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		
D	DIG THE OLYGINZATION HAVE ANY EXCESS DUSINESS HOWINGS IN THE TAX YEAR! (USE SCHEUUIE C, 1 OHN 4120, TO	l l	I	I

determine whether the organization had excess business holdings.)

PITTSBURGH COMMUNITY BROADCASTING 23-7257055 Page 5 Schedule A (Form 990 or 990-EZ) 2015 CORPORATION **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 11b **b** A family member of a person described in (a) above? 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 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, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test. Complete line 2 below. a The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C 2

2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	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		

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION 23-7257055 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets 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 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1

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

3

4

5

6

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2015

3

4

5

7

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

PITTSBURGH COMMUNITY BROADCASTING 23-7257055 Page 7 Schedule A (Form 990 or 990-EZ) 2015 CORPORATION Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (i) (ii) Distributable Underdistributions **Excess Distributions** Amount for 2015 Section E - Distribution Allocations (see instructions) Pre-2015 Distributable amount for 2015 from Section C, line 6 1 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: 8

Schedule A (Form 990 or 990-EZ) 2015

a b

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION

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.)

SCHEDULE A, PA	RT II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2011 AMOUNT: \$	46,947.
2012 AMOUNT: \$	50,144.
2013 AMOUNT: \$	50,962.
2014 AMOUNT: \$	55,600.
2015 AMOUNT: \$	31,942.
SPECIAL EVENTS	
2011 AMOUNT: \$	53,152.
2012 AMOUNT: \$	9,360.
2013 AMOUNT: \$	13,041.
2014 AMOUNT: \$	63,860.
2015 AMOUNT: \$	10,932.
SALES	
2012 AMOUNT: \$	31,158.
2013 AMOUNT: \$	47,203.
2014 AMOUNT: \$	32,095.
2015 AMOUNT: \$	28,245.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2015

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HEINZ	490,000.	205,344
RICHARD KING MELLON	1,845,000.	1,560,344
MCCUNE	430,000.	145,344
		-
otal Excess Contributions to Schedule A, Part II, Line 5	,	1,911,032.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number

23-7257055

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections any one of	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, in 990-EZ, line 1. Complete Parts I and II.			
year, tota	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the I contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ntion of cruelty to children or animals. Complete Parts I, II, and III.			
year, con is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year			
but it must answe	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), r "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	realite, address, and an 44	\$150,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$445,549.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ 75,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

Employer identification number

23-7257055

PITTSBURGH	COMMUNITY	BROADCA	STING
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CORPORATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
	Original and the second of the	(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		
-	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
5	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Pai		anization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
~	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic str		
C	Number of conservation easements included in (c) acquired a		
a	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by t	
3	year	odeod, ozumgelenod, or iommission in	3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		- f
5	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
0			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
•	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	bublic 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 tre-	asures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

PITTSBURGH COMMUNITY BROADCASTING 23-7257055 Page 2 CORPORATION Schedule D (Form 990) 2015 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): Loan or exchange programs Public exhibition а Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV 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 Yes on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year ______ 1e Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (c) Two years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ 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 Yes No (i) unrelated organizations 3a(i) 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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

Complete in the organization answered Tes on Form 990, Fart IV, line Tra. Occ Form 990, Fart IV, line Tes						
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value		
	basis (investment)	basis (other)	depreciation			
1a Land		637,417.		637,417.		
b Buildings		2,984,396.	784,554.	2,199,842.		
c Leasehold improvements		207,783.	28,267.	179,516.		
d Equipment		634,597.	512,097.	122,500.		
e Other		116,552.	37,556.	78,996.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2015

PITTSBURGH	COMMUNITY BRO	ADCASTING		
Schedule D (Form 990) 2015 CORPORATION			23-7257055	Page 3
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 of	or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
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 of	or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(1) Dealess	

Complete if the organization answered Tes On Form 990, Part IV, line Trd. Gee Form 990, Part X, line Te.	
(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.

(a) Description of liability (b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	UNDERWRITING PAYABLE	749,167.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	749,167.

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

Schedule D (Form 990) 2015 CORPORATION				7257055	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	tements With	n Revenue per F	eturn		
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1 Total revenue, gains, and other support per audited financial statements			1	5,456	<u>,167.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	= =04			
a Net unrealized gains (losses) on investments		-7,701.	-		
b Donated services and use of facilities		213,468.	-		
c Recoveries of prior year grants		1 510 000	-		
d Other (Describe in Part XIII.)		1,510,898.	7 1	1,716	665
e Add lines 2a through 2d			2e 3	3,739	
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,133	, 502 6
	4a				
a Investment expenses not included on Form 990, Part VIII, line 75b Other (Describe in Part XIII.)			1		
c Add lines 4a and 4b			4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,739	,502.
Part XII Reconciliation of Expenses per Audited Financial Sta	atements Wit	h Expenses per	Retu		
Complete if the organization answered "Yes" on Form 990, Part IV, line					
1 Total expenses and losses per audited financial statements			1	5,454	<u>,585.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a	156,793.			
b Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d	1,356,099.	7 1	4 540	000
e Add lines 2a through 2d			2e	1,512	
3 Subtract line 2e from line 1			3	3,941	,693.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1				
a Investment expenses not included on Form 990, Part VIII, line 7b			-		
b Other (Describe in Part XIII.)			4 .		0
c Add lines 4a and 4b			4c	3,941	693
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information.	(.)		5	3,941	,095.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1	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 an			1,1 0.11	, i, iii i =, i =ii i	,
illies 20 and 45, and 1 art An, illies 20 and 45.7 libe complete time part to provide an	.,				
PART XI, LINE 2D - OTHER ADJUSTMENTS:					
				٥	,710.
SPECIAL EVENT EXPENSE					, /10.
ESSENTIAL PUBLIC MEDIA REVENUE BEFORE MERO	CER ON 1	2/31/15		1,501	.188.
ESSENTIAL FORTIC MEDIA KEARMOR DELOKE WHICH	OHN ON I	2/31/13		1/001	72001
TOTAL TO SCHEDULE D, PART XI, LINE 2D				1,510	,898.
1011111 10 00111110111 27 111111 1111 11				-	
PART XII, LINE 2D - OTHER ADJUSTMENTS:					
				0	E10
SPECIAL EVENT EXPENSE				9	<u>,710.</u>
TOCOMETAL DUDI TO MEDIA EXPENSE DESCRIPTION MEDIA	CED ON 1	0/21/15		1 3/16	380
ESSENTIAL PUBLIC MEDIA EXPENSE BEFORE MERO	GER ON I.	2/31/15		1,346	, 303.
TOTAL TO SCHEDULE D, PART XII, LINE 2D				1,356	099.
TOTAL TO SCHEDULE D, FART ATT, LINE ZD				-,550	, 0000
PART XI, LINE 2B AND PART XII LINE 2A					
do de de trains					
DIFFERENCE BETWEEN THE RECONCILING DONATE	D SERVIC	ES AND USE	OF J	FACILIT	IES
532054 09-21-15	-			lule D (Form 9	

23-7257055 Page 5 Schedule D (Form 990) 2015 CORPORATION Part XIII | Supplemental Information (continued) REVENUE OF \$213,468 AND EXPENSE OF \$156,793 RELATES TO A REDUCTION OF LONG TERM LIABILITY IN THE AMOUNT OF \$56,675. THEREFORE, THE \$56,675 IS NOT A RECONCILING ITEM FOR EXPENSES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2015	Open to Public	Inspection	Employer identification number
			Employer

OMB No. 1545-0047

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

PITTSBURGH COMMUNITY BROADCASTING

å ROGRAMMING OF ESSENTIAL 23-7257055 COMMUNITY SERVICE GRANT (h) Purpose of grant PASS-THROUGH OF CPB OR OPERATIONS AND or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) FAIR MARKET (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 304,957 (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) 45-1262799 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? CORPORATION 1 (a) Name and address of organization ESSENTIAL PUBLIC MEDIA, INC. or government PITTSBURGH, PA 15203 67 BEDFORD SQUARE Partl

SEE PART IV FOR COLUMN (H) DESCRIPTIONS Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

23-7257055

CORPORATION

Schedule I (Form 990) (2015)

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. Part III

on (f) Description of non-cash assistance (ther)									
(e) Method of valuation (book, FMV, appraisal, other)			Part I, line 2, Part III, column (b), and any other additional information.		STATION MANAGER AND	IS AFFILIATE	S BOARD.	ζ.	
(d) Amount of non- cash assistance			ר), and any other ו		THE STATION	ALSO, THIS	CORPORATION'S	PROPRIATELN	
(c) Amount of cash grant			ne 2, Part III, columi			ALL GRANT ACTIVITY.	ALSO ON THE CO	SPENT AP	
(b) Number of recipients					ORGANI2	L GRANT	ARE	TUNDS ARE	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in	PART I, LINE 2:	GRANT IS PROVIDED TO AN AFFILIATED ORGANIZATION	THE DIRECTOR OF FINANCE REVIEWS AL	IS GOVERNED BY BOARD MEMBERS, WHO		

INC. NAME OF ORGANIZATION OR GOVERNMENT: ESSENTIAL PUBLIC MEDIA,

GRANT OR ASSISTANCE: PASS-THROUGH OF CPB COMMUNITY (H) PURPOSE OF

Schedule I (Fo	rm 990)		CORPORATIO	ON				23-72	257055 Page 2
Part IV S	uppleme	ntal In	CORPORATION CORPORATION						
					PROGRAMMING	OF	ESSENTIAL	PUBLIC	MEDIA
INC.									

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: EFFECTIVE DECEMBER 31, 2015, ESSENTIAL PUBLIC MEDIA (EPM) MERGED WITH PITTSBURGH COMMUNITY BROADCASTING (PCBC). ON THIS DATE, EPM WAS DISOLVED AS A SEPARATE 501(C)(3) ORGANIZATION AND EPM'S PROGRAM ACTIVITIES, ASSETS, AND LIABILITIES WERE TRANSFERRED TO PCBC. FORM 990, PART VI, SECTION A, LINE 4: PITTSBURGH COMMUNITY BROADCASTING CORPORATION'S (CORPORATION) BYLAWS WERE AMENDED DURING THE FISCAL YEAR ENDED JUNE 30, 2016 TO ALLOW THE BOARD TO HOLD A VOTE BY UNANIMOUS WRITTEN CONSENT. THE BYLAWS WERE ALSO AMENDED TO ALLOW THE MERGER BETWEEN THE CORPORATION AND ESSENTIAL PUBLIC MEDIA (EPM). THE MERGER COMBINED THE BOARD OF DIRECTORS INTO A SINGLE GOVERNING UNIT UNDER THE BYLAWAS OF PCBC. FORM 990, PART VI, SECTION B, LINE 11: THE CEO, GENERAL MANAGER, AND FINANCE/AUDIT COMMITTEE WILL REVIEW THE FORM THE CEO WILL E-MAIL A 990 AND WILL ADDRESS ANY QUESTIONS TO THE PREPARER. PDF COPY OF THE FORM 990 TO ALL BOARD MEMBERS. BOARD MEMBERS ARE REQUIRED TO REVIEW THE FORM 990 AND PROVIDE ANY CHANGES OR QUESTIONS BY A SET ONCE QUESTIONS AND CHANGES ARE ADDRESSED, THE FORM 990 IS DEADLINE. FINALIZED. FORM 990, PART VI, SECTION B, LINE 12C: FOR PITTSBURGH COMMUNITY BROADCASTING CORPORATION ANY CONFLICTS ARE

DISCUSSED BY THE BOARD, CEO, AND THE GENERAL MANAGER AND ADDRESSED

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization PITTSBURGH COMMUNITY BROADCASTING CORPORATION	Employer identification number 23-7257055
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR PITTSBURGH COMMUNITY BROADCASTING CORPOR	RATION IS SET BY
THE BOARD. WAGES ARE SET BASED ON COMPARABILITY DATA SUC	CH AS COMPENSATION
LEVELS PAID BY SIMILAR ORGANIZATIONS AND THE AVAILABILITY	OF SIMILAR
SERVICES IN THE GEOGRAPHIC AREA OF PITTSBURGH.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CORPORATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST POLICY,
990, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. IN	N ADDITION, ITS 990
AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS OWN WI	EBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
MERGER WITH EPM	4,621,173.

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.

Open to Public Inspection 2015

OMB No. 1545-0047

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

Employer identification number

PITTSBURGH COMMUNITY BROADCASTING CORPORATION Name of the organization

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

Part I

23-7257055

(g) Section 512(b)(13) controlled 9 × entity? Direct controlling entity 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. Œ Direct controlling BROADCASTING entity PITTSBURGH COMMUNITY End-of-year assets (e) status (if section Public charity PART I, LINE SCHEDULE A, 501(c)(3)) Total income Exempt Code 0 section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA OCAL NEWS AND TALK RADIO OPERATE A NATIONAL AND Primary activity Primary activity STATION 45-1262799 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity ESSENTIAL PUBLIC MEDIA, INC. 15203-1152 67 BEDFORD SQUARE PITTSBURGH, PA Part II

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2015

532161 09-08-15 LHA

Schedule R (Form 990) 2015 CORPORATION

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. Part III

Page 2

23-7257055

General or Percentage managing ownership å (i) Section 512(b)(13) controlled entity? 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. Yes Percentage ownership Yes 9 Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Disproportionate Yes No allocations? \equiv Share of total income Ξ Share of end-of-year assets Type of entity (C corp, S corp, or trust) **e** Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>©</u> Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity <u>©</u> Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Page 3

PITTSBURGH COMMUNITY BROADCASTING

Schedule R (Form 990) 2015 CORPORATION

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	°2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) royalties, or (iv) rent from a controlled entity				<u>a</u>		×
b Gift, grant, or capital contribution to related organization(s)				110	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
				10		×
				<u>-</u>		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
				1h		×
i Exchange of assets with related organization(s)				F		×
j Lease of facilities, equipment, or other assets to related organization(s)				ij	×	
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	×	
				10	×	
				2	Þ	
p Keimbursement paid to related organization(s) for expenses				2	4 1	
q Reimbursement paid by related organization(s) for expenses				<u>0</u>	×	
r Other transfer of cash or property to related organization(s)				-	×	
s Other transfer of cash or property from related organization(s)				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	nis line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) ESSENTIAL PUBLIC MEDIA, INC.	В	304,957.	,957. PRORATED SHARE OF CPB CSG	D C		

9

(5)

189,956.DIRECT ALLOCATION OF COSTS

567,664. TOTAL OF PAYMENTS RECEIVED

264,855. ALLOCATION OF EMPLOYEE PAY

0

0

INC.

(3) ESSENTIAL PUBLIC MEDIA,

(2) ESSENTIAL PUBLIC MEDIA, INC.

INC.

(4) ESSENTIAL PUBLIC MEDIA,

ß

23-7257055

Page 4

PITTSBURGH COMMUNITY BROADCASTING

CORPORATION Schedule R (Form 990) 2015 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.

9 d	1						15
(k) Percentaç ownershi							1 990) 20
General or F managing partner?							R (Form
(h) (i) (j) (k)							Schedule R (Form 990) 2015
(h) Disproportionate allocations?							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all partners sec. 501(c)(3) ler Yes No							
Predominant income predated, unrelated, excluded from tax under-sections 512-514)							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

PITTSBURGH COMMUNITY BROADCASTING 23-7257055 Page 5 Schedule R (Form 990) 2015 CORPORATION Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: ESSENTIAL PUBLIC MEDIA, INC. DIRECT CONTROLLING ENTITY: PITTSBURGH COMMUNITY BROADCASTING CORPORATION SCHEDULE R, PART II PITTSBURGH COMMUNITY BROADCASTING CORPORATION (PCBC) / WYEP 91.3FM IS PITTSBURGH'S TRIPLE A MUSIC RADIO STATION, AND THE PARENT COMPANY OF WHOLLY-OWNED SUBSIDIARY ESSENTIAL PUBLIC MEDIA, INC. (EPM), WHICH OPERATES SISTER RADIO STATION WESA 90.5FM, PITTSBURGH'S NPR, LOCAL NEWS, AND TALK RADIO STATION. PROGRAMMATICALLY, THE STATIONS OPERATE INDEPENDENTLY, WITH CROSS-OVER SYNERGISTIC ELEMENTS TO ENRICH BOTH STATIONS. TO MAKE THE MOST COST-EFFECTIVE USE OF THE FUNDS ENTRUSTED TO BOTH ORGANIZATIONS, THE STATIONS SHARE FACILITIES, AS WELL AS FUNDRAISING AND ADMINISTRATIVE PERSONNEL. AS THE PARENT COMPANY, PCBC OWNS AND MAINTAINS THE BUILDING HOUSING THE CORPORATE OFFICES AND BROADCAST FACILITIES, AND EMPLOYS ALL OF THE SHARED-SERVICES EMPLOYEES THAT SUPPORT BOTH STATIONS. ALL OCCUPANCY AND EMPLOYEE BENEFIT EXPENSES, AS WELL AS PAYROLL EXPENSES FOR THE SHARED SERVICES EMPLOYEES, ARE PAID BY PCBC, AND THE PRORATED ALLOCATIONS FOR EPM'S SHARE OF THESE COSTS ARE THEN REIMBURSED TO PCBC BY EPM.

IN ADDITION, BOTH STATIONS RELY IN PART ON AN ANNUAL GRANT FROM THE CORPORATION FOR PUBLIC BROADCASTING (CPB), CALLED THE COMMUNITY SERVICE GRANT. IT IS A GRANT THAT THE CPB PAYS TO PARTICIPATING PUBLIC RADIO Schedule R (Form 990) 2015 532165 09-08-15

Schedule R (Form 990) 2015 CORPORATION 23-7257055 Page 5
Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).
AND TV STATIONS WHICH MATCHES A PORTION OF THESE STATIONS' REVENUES
EACH YEAR. THE CPB TREATS ORGANIZATIONS AND THEIR WHOLLY-OWNED
SUBSIDIARIES AS A SINGLE ENTITY AND, IN OUR CASE, MAKES THE GRANT TO
THE PARENT COMPANY, PCBC. PCBC IN TURN GRANTS THE PORTION ATTRIBUTABLE
TO EPM'S REVENUES BACK TO EPM TO USE FOR THEIR ONGOING PROGRAMS.