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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For t	the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending	g <u>JUN</u> 30, 201	3			
В	Check applica	if C Name of organization	D Employer ident	ification number			
		PITTSBURGH COMMUNITY BROADCASTING					
	Add	dress CORPORATION					
	Nar	ne proper Doing Business As	23-	7257055			
	lniti	Number and street (or P.O. box if mail is not delivered to street address) Room/					
Ξ	Terr	in 67 BEDFORD SQUARE	412	-381-9131			
	Ame	ended City, town, or post office, state, and ZIP code	G Gross receipts \$	2,090,633.			
	App	lica PITTSBURGH, PA 15203-1152	H(a) Is this a group				
	pen	F Name and address of principal officer: ABBY GOLDSTEIN	for affiliates?	Yes X No			
		67 BEDFORD SQUARE, PITTSBURGH, PA 15203-	115 н(ь) Are all affiliates i	ncluded? Yes No			
ı	Tax-e	xempt status: X 501(c)(3) 501(c) ()	· ·	a list. (see instructions)			
J	Webs	site: WWW.WYEP.ORG	H(c) Group exempt				
K	Form	of organization: X Corporation Trust Association Other ▶ L		M State of legal domicile: PA			
Р	art l	Summary					
a)	1	Briefly describe the organization's mission or most significant activities: AN INDE	PENDENT VOICE	INSPIRING			
Activities & Governance		OUR COMMUNITY WITH DIVERSE MUSIC AND VIBRANT					
Ē	2	Check this box if the organization discontinued its operations or disposed of					
o e	3	Number of voting members of the governing body (Part VI, line 1a)		1			
Ű	4	Number of independent voting members of the governing body (Part VI, line 1b)	4				
Se Se	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)					
<u>Y</u>	6	Total number of volunteers (estimate if necessary)					
Ę	7 8	Total unrelated business revenue from Part VIII, column (C), line 12	7:				
<		Net unrelated business taxable income from Form 990-T, line 34					
			Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)	9,503,386				
Revenue	9	Program service revenue (Part VIII, line 2g)					
eke	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,612	47,811.			
00	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,157				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,607,155				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,914,551	340,313.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	911,057				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.				
ě.		Total fundraising expenses (Part IX, column (D), line 25) 418, 285.					
யி		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	852,872	792,055.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,678,480				
	19	Revenue less expenses. Subtract line 18 from line 12	-71,325				
Net Assets or Fund Balances			Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	4,944,192.	4,583,951.			
d AS	21	Total liabilities (Part X, line 26)	380,053.				
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	4,564,139				
	ırt II	Signature Block	· · · · · · · · · · · · · · · · · · ·				
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of n	ny knowledge and belief, it is			
true,	corre	ct, and complete. Deplaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge,	1			
		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12/41	13			
Sign	1	Signature of officer	Date / //				
Here	e	ABBY GOLDSTEIN, GENERAL MANAGER		•,			
		Type or print name and title		. 4 - 05			
		Print/Type preparer's name Preparer's signature	Date, Check	PTIN			
Paid		DAVID P. DUESSEL SWAP. DLESS	11/20/13 If self-emplor	P00229536			
Prep	arer	Firm's name MAHER DUESSEL, CPA'S	Firm's EIN	25-1622758			
Use (Only	Firm's address 503 MARTINDALE STREET, SUITE 600		<u> </u>			
		PITTSBURGH, PA 15212	Phone no. 4	12-471-5500			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No			
23200	1 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)			

	n 990 (2012) CORPORATION		23-7257055	Page 2
PE	rt III Statement of Program Service Acco	•		
		question in this Part III		<u> </u>
1	Briefly describe the organization's mission:			-
	AN INDEPENDENT VOICE INSPIR			
	VIBRANT IDEAS THROUGH OPERA	TING A NONCOMME	RCIAL PUBLIC RADIO STATIC	JN.
_				
2	Did the organization undertake any significant program			[T].
	the prior Form 990 or 990-EZ?		Yes	x X No
_	If "Yes," describe these new services on Schedule O.			[37]
3	Did the organization cease conducting, or make signific	cant changes in how it conduc	cts, any program services?Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplis		- · · · - · · · · · · · · · · · · · · ·	
	Section 501(c)(3) and 501(c)(4) organizations are requir	ed to report the amount of gra	ants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.		240 212 05	C01 ·
4a				<u>,691.</u>)
	THE CORPORATION OPERATES AN			· · · · · · · · · · · · · · · · · · ·
	STATION LICENSED BY THE FCC			5 <u>15</u>
	MIX OF MUSIC, NEWS AND PUBL			
	PENNSYLVANIA AND SURROUNDING			A.T. T.A.T.
	PUBLIC MEDIA INC. FOR THE O	PERATIONS OF WE	SA 90.5 FM.	
	- ·			
		······································		
			 	
	·			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	The state of the s			
	•			
4¢	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
		•		
1d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$	5) (Revenue \$	
		4,854.		
			Form 9	90 (2012)

			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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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	<u> </u>	X
4				
	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	ļ	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	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ļ	
_	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			
_	Schedule D, Part III	8	<u> </u>	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?			
40	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	. : :	<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			1 17
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		- ' ' ' '	
а	Part VI	110	х	
b		11a	21	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.15		
	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	1.75		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			77
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	4.		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
• •	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	-''-		
-	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,"			
	complete Schedule G, Part III	19		X
20a	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		

Form 990 (2012) CORPORATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	\$			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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	-	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			343
	instructions for applicable filing thresholds, conditions, and exceptions):		10.	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	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	20	-	v
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
31				w
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	
JJ	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	33	-	
•		34	x	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	500		
	If "Yes," complete Schedule R, Part V, line 2	36		X
	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	Ī	X
	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	

Fon	m 990 (2012) CORPORATION 23-7257	055	<u> </u>	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c				
·	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		За		x
b		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
- 100	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	- 12		
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			6.17
5a		5a	i ne ve	X
b		5b		X
C	TENSOR III III III III III III III III III I	5c		
6a		30		
va	any contributions that were not tax deductible as charitable contributions?	60		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b	·	e h		ĺ
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		1
7	· · · · · · · · · · · · · · · · · · ·	7	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С		7-		x
al	I 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 6099 as required?	7g		
h		7h		T 2 T
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	1 124 1		11 - 11
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			rine di Lini Li
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			Jake.
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Balantan Kabupatèn
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
þ				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-	31: 3 T	12/1
	1 1	12a	F. 1.7	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
٠	Note. See the instructions for additional information the organization must report on Schedule O.		*:	S 4
D	Enter the amount of reserves the organization is required to maintain by the states in which the			100 miles 140 miles
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the organization reserve any payments for indeer temping consists diving the toy year?			<u>v</u>
		14a	+	<u>X</u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response to any question in this Part VI			X						
<u>Se</u>	ction A. Governing Body and Management									
			Yes	No						
18	Enter the number of voting members of the governing body at the end of the tax year	1		11.5						
	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.									
Ł	Enter the number of voting members included in line 1a, above, who are independent1b	1								
2										
	officer, director, trustee, or key employee?	2	ĺ	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Ĭ	X						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X						
7a										
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		B							
а		8a	X	·						
b		8b	Х	-						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	The state of the s		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	130						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	~~							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x							
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	\mathbf{x}							
13	Did the organization have a written whistleblower policy?	13	x							
14	Did the organization have a written document retention and destruction policy?	14	X							
5	Did the process for determining compensation of the following persons include a review and approval by independent									
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	х							
b	Other officers or key employees of the organization	15b	X							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15 1						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		, titl							
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	25 4							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
ect	ion C. Disclosure	100								
	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) a	vailabl	 A							
	for public inspection. Indicate how you made these available. Check all that apply.	randol	•							
Own website Another's website X Upon request Other (explain in Schedule O)										
9 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, physical address, and telephone number of the person who possesses the books and records of the organizati	ion: 🛌								
	SARAH WEMPLE - 412-381-9131	VII. P								
	67 BEDFORD SQUARE, PITTSBURGH, PA 15203-1152									
$\alpha \wedge \alpha \sigma$										

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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 to any question 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.

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

Check this box if neither the organiza (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	,,,		Pos	itior			Reportable	Reportable	Estimated
	hours per week	offi	(do not check more than one box, unless person is both a officer and a director/trustee				th an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUG MACPHAIL	1.00				ļ					
CHAIR		X		X				0.	0.	0.
(2) CINDY BLACK	1.00									
SECRETARY		X		X				0.	0.	0.
(3) JEFF KESSEL	1.00			i	ŀ					
TREASURER/CHAIR-FINANCE CO		X		X				0.	0.	0.
(4) SANDY GARFINKEL	1.00									
CHAIR- GOVERNANCE COMMITTE		X	ļ.,,,					0.	0.	0.
(5) JIM GRIFFIN	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) HARRIS JONES	1.00									
EPM EXECUTIVE BOARD MEMBER		X						0.	0.	0.
(7) GREG JOSEPH	4.00							;		
PRESIDENT		X		X				6,400.	0.	0.
(8) SUSAN RENDA	1.00									
CHAIR- HR COMMITTEE		Х						0.	0.	0.
(9) JANIS BURLEY WILSON	1.00									
BOARD MEMBER		X					_	0.	0.	0.
(10) BILL ADAMS	1.00					ŀ	ı	_	_	
BOARD MEMBER		X		_	_		_	0.	0.	0.
(11) ED TRAVERSARI	1.00							_	_	
BOARD MEMBER		X	\dashv	_				0.	0.	0.
(12) ABBY GOLDSTEIN	40.00	Ì								
GENERAL MANAGER				X		_	_	17,394.	0.	327.
(13) SARAH WEMPLE	20.00			[[_	
DIRECTOR OF FINANCE AND HR	20.00			X				56,294.	0.	7,414.
					Ì					
				1		\dashv	\dashv	*****		
		_	-	4		_	_			
					ļ				;	
		\dashv		1		1	1			

~~	~~	~~	3 m	-	~-
CO:	KP'	UK	Αľ	т(ЛL.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(C)			(D)	(E)	(F)	
Name and title	Average	. (da			sitior more	∩ ∍ than	one	Reportable	Reportable	Estimated	
	hours per week	box	c, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	amount of	
	(list any		T	1	T	Titas	100,	from	from related	other	
	hours for	Individual trustee or director	1			L		the	organizations	compensation	
	related	90.0	ite te			satec		organization (W-2/1099-MISC)	(W-2/1099-MISC	·)	
	organizations	fruste	ğ		83	mpe		(***271093****100)		organization and related	
	below	idual	Institutional trustee	 #5	Key employee	est co	ಶ			organizations	
	line)	ğ	Insti	Officer	Keye	Highest compensated employee	Former				
					l					f	
!											
]		İ				
								,			
<u></u>		i	ĺ				ĺ				
					1	}					
1b Sub-total					•	<u>▶</u>		80,088.	C	7,741.	
c Total from continuation sheets to Part VII	Section A			•••••		•	Ī	0.		0.	
d Total (add lines 1b and 1c)							Ì	80,088.	O		
2 Total number of individuals (including but no							o re			·, ·, · · ·	
compensation from the organization								,		0	
										Yes No	
3 Did the organization list any former officer, of	lirector, or trus	stee	, key	em	ploy	/ee, i	or hi	ighest compensated en	nolovee on		
line 1a? If "Yes," complete Schedule J for su										3 Х	
4 For any individual listed on line 1a, is the sun	n of reportable	CO	mpe	nsat	tion	and	othe	er compensation from the	ne organization		
and related organizations greater than \$150,	000? <i>If</i> "Yes,"	con	nplet	e S	ched	dule	J fo.	r such individual		4 X	
5 Did any person listed on line 1a receive or ac	crue compen	satio	n fro	om a	any i	unre	late	d organization or individ	ual for services		
rendered to the organization? If "Yes," comp										. 5 X	
Section B. Independent Contractors			·								
1 Complete this table for your five highest com	pensated inde	eper	nden	t co	ntra	ctor	s tha	at received more than \$	100,000 of compe	nsation from	
the organization. Report compensation for th											
(A)	·						T	(B)		(C)	
Name and business a	ddress	NO:	NE					Description of se	rvices	Compensation	
								, , , , , , , , , , , , , , , , , , , ,			
							1				
	,,										
2 Total number of independent contractors (inc	luding but not	limi	ted	to th	1050	liste	d al	bove) who received mo	e than		
\$100,000 of compensation from the organizat					0			<u></u>	:	<u> 1840 2. A</u> 41	
										Form 990 (2012)	

23-7257055 Page 9

Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 Unrelated Total revenue Related or exempt function business revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1a 1b 564,797. b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, (and Other Simi 482,887. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 780,591 similar amounts not included above _____ 1f g Noncash contributions included in lines 1a-1f: \$ 828,275 h Total. Add lines 1a-1f **Business Code** 2 a MEMBER EVENTS 900099 14,389 14,389 Program Service Revenue All other program service revenue 14,389. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 23,454 23,454. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 133,853. assets other than inventory b Less: cost or other basis and sales expenses 109,496. c Gain or (loss) ______ 24,357. d Net gain or (loss) 24,357 24,357. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 9,360 Part IV, line 18 a b Less: direct expenses _____ b 678 678. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 515100 11 a OTHER INCOME 50,144 50,144 515100 31,158. 31,158. b SALES d All other revenue e Total. Add lines 11a-11d 81,302 Total revenue. See instructions. 972,455 95,691 0. 48,489.

CORPORATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (C) Management and general expenses (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 340,313. 340,313. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 50,009. 73,471. 10,002. 133,482. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 707,414. 517,636. 32,567. 157,211. Other salaries and wages Pension plan accruals and contributions (include 4,036. 17,400. 12,675 689. section 401(k) and 403(b) employer contributions) 37,856. 9,464. 49,213. 1,893. Other employee benefits 8,450. 12,752. 68,601. 47,399. Payroll taxes 10 Fees for services (non-employees): a Management 164. 164. Legal 13,851. 13,851. c Accounting d Lobbying 5,694. 5,694. e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 8,100 174,271. 154,577. 11,594. column (A) amount, list line 11g expenses on Sch O.) 82,025. 16,014. 98,039. Advertising and promotion 12 16,607. 2,687 92,732. 112,026. 13 Office expenses 33,097. 26,080. 13. 7.004. Information technology 14 Royalties 15 8,722. 34,272. 19,951 5,599 16 Occupancy 2,746. 34. 2,209. 4,989. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 101,907. 9,189. 15,698. <u> 126,794.</u> Depreciation, depletion, and amortization 22 8,839. 12,320. 3,481, 23 Other expenses, Itemize expenses not covered 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 O.) 68,527. 68,527 a ON AIR PROGRAMMING/TRAN PREMIUMS 36,120. 36,120. c UNDERWRITING TRADE EXPE 24,761. 24,761. 21,744. 20,908. d EMPLOYEE SEARCH EXPENSE 801. 35. $4,\overline{579}$ 31,080. 22,264. 4,237. e All other expenses 2,114,172. 1,504,854. 191,033. 418.285. Total functional expenses. Add lines 1 through 24e 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)

CORPORATION

Form 990 (2012)
Part X Balance Sheet

<u> </u>	31 ()	Check if Schedula O contains a response to any question in this Bort V			
		Check if Schedule O contains a response to any question in this Part X		T	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	424,929.
	2	Savings and temporary cash investments			251,212.
	3	Pledges and grants receivable, net	455,000.	3	238,993.
	4	Accounts receivable, net	80,869.	4	109,461.
	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		441	
	ĺ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	55,563.	9	61,504.
	10a	Land, buildings, and equipment: cost or other			
	ſ	basis. Complete Part VI of Schedule D 10a 3,870,915.			
	b	Less: accumulated depreciation 10b 1,037,179.		10c	
	11	Investments - publicly traded securities	482,143.	11	414,116.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		_14	
	15	Other assets. See Part IV, line 11	250,000.	15	250,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,944,192.	16	4,583,951.
	17	Accounts payable and accrued expenses	69,310.	17	56,203.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
#	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
ļ		parties, and other liabilities not included on lines 17-24). Complete Part X of			
İ		Schedule D	310,743.	25	80,991 .
	26	Total liabilities. Add lines 17 through 25	380,053.	26	137,194.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ş		complete lines 27 through 29, and lines 33 and 34.			
and a		Unrestricted net assets	4,334,328.	27	4,315,657.
Bal		Temporarily restricted net assets	229,811.	28	131,100.
2	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ		and complete lines 30 through 34.			
ets		Capital stock or trust principal, or current funds		30	
Ass		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
4	33	Total net assets or fund balances	*	33	4,446,757.
	34	Total liabilities and net assets/fund balances	4,944,192.	34	4,583,951.

	m 990 (2012) CORPORATION	23-72!	57055	Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		411.441.44		
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,972	2,4	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,114	, 1	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	-141		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,564	.,1	39.
5	Net unrealized gains (losses) on investments	5	24	, 3	35.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,446	, 7	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				44.4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	on a	Merce In		
	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 separate	basis,		4 11	
	consolidated basis, or both:				
	Separate basis X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c :	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING

CORPORATION

Employer identification number 23-7257055

Part I	Reasor	n for Public Cha	rity Status (All organ	izations m	ust comple	ete this pa	art.) See in:	structions.		***************************************			
The organ	ization is not	a private foundation	n because it is: (For lines	1 through	11, check	only one	box.)						
1 🔲	A church, c	onvention of church	es, or association of chu	rches des	cribed in s	ection 17	'0(b)(1)(A)(i).					
2 🗀	A school de	scribed in section 1	170(b)(1)(A)(ii). (Attach S	chedule E	.)								
з 🗀	A hospital o	or a cooperative hos	oital service organization	described	in section	n 170(b)(D(A)(iii).						
4			operated in conjunction					0(b)(1)(A)(iii). Ente	r the I	hospita	al's nar	nΘ,
	city, and sta								•		•		•
5 🗔	An organiza	tion operated for the	e benefit of a college or u	ıniversity d	owned or o	perated b	y a govern	mental ur	nit descri	bed i	n	•	
	section 17	0(b)(1)(A)(iv). (Comp	elete Part II.)										
6 🔲	A federal, st	tate, or local governr	ment or governmental un	it describe	ed in secti	on 170(b)	(1)(A)(v).						
7 X	An organiza	tion that normally re	ceives a substantial part	of its sup	port from a	a governn	rental unit	or from the	e genera	l pub	lic desc	cribed	in
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🔲	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 📖	An organiza	tion that normally re	ceives: (1) more than 33	1/3% of it	s support	from cont	ributions, r	nembersh	ip fees,	and g	ross re	ceipts	from
	activities rel	ated to its exempt fo	unctions - subject to cert	ain except	tions, and ((2) no moi	re than 33	1/3% of its	s suppoi	rt fron	n gross	inves	tment
	income and	unrelated business	taxable income (less sec	tion 511 to	ax) from bu	usinesses	acquired l	y the orga	anization	after	r June (30, 197	⁷ 5.
	See section	509(a)(2). (Complet	te Part III.)										
10 🔲	An organiza	tion organized and o	perated exclusively to te	st for pub	lic safety.	See <mark>sect</mark> i	on 509(a)(4).					
11	An organiza	tion organized and o	perated exclusively for t	he benefit	of, to perf	orm the fu	unctions of	, or to can	ry out the	e pur	poses (of one	or
	more public	ly supported organiz	ations described in sect	ion 509(a)	(1) or secti	on 509(a)	(2). See se	ction 509((a)(3). Cl	neck t	the box	that	
	describes th	e type of supporting	g organization and comp	lete lines 1	l 1e througi	h 11h.							
	a 🔙 Type	I b □ T	уре∥ с Т	ype III - Fu	unctionally	integrated	d (а 🗀 Тур	e III - No	n-fun	ictional	lly integ	grated
e	By checking	this box, I certify th	at the organization is not	t controlled	d directly o	r indirectl	y by one o	r more dis	qualified	pers	ons otl	her tha	n
	foundation r	nanagers and other	than one or more publicl	y supporte	ed organiza	ations des	scribed in s	ection 50	9(a)(1) oi	sect	ion 509	a)(2).	
f	If the organia	zation received a wri	tten determination from	the IRS th	at it is a Ty	/ре I, Тур	e II, or Typ	e 111					
	supporting o	organization, check t	his box				,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		
g	Since Augus	t 17, 2006, has the	organization accepted a						sons?				
	(i) A perso	on who directly or inc	directly controls, either a	ione or tog	gether with	persons	described	in (ii) and (iii) below	/, _		Yes	No
	the gov	erning body of the s	upported organization?					,		[11g(i)		
			n described in (i) above?								11g(ii)		
			a person described in (i) o								11g(iii)		
			about the supported or							_		,	
(i) Name o	of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	organization	(v) Did yo	u notify the	(vi) ls	the	(vii)	Amount	of mor	etary
	nization	(,	(described on lines 1-9	in col. (i) li	sted in your	organiza	tion in col.	i organizatio	on in col. ed in the	١٠٠٠,	sup		iotal y
•			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
		İ											
				<u> </u>									
·													
						1							
_4_1		ran memoran kanala di Pal					I	4.5	* H. 74				

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

Schedule A (Form 990 or 990-EZ) 2012

23-7257055 Page 2 Schedule A (Form 990 or 990-EZ) 2012 CORPORATION 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.)

Se	ction A. Public Support					•"	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				•		
	membership fees received. (Do not						
	include any "unusual grants.")	1,349,488.	1,538,574,	3,788,611.	4,093,498.	1,828,275.	12,598,446,
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				E .		
	furnished by a governmental unit to						
	the organization without charge						
4	•	1,349,488,	1,538,574.	3,788,611,	4,093,498,	1,828,275,	12,598,446.
5							
	by each person (other than a						
	governmental unit or publicly				land financija (12. julija) Nationala Bija akstoracija		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	***************************************			en ne viel digitale belegië. Prodaj ji transpolitik pleju	B. C. Harren B. R. C. V		4,022,084,
	Public support. Subtract line 5 from line 4.			Gerender, a name a central Carlo		i de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania dela compania del compania del compania del compania del compania de	8,576,362.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1,349,488,	1,538,574.	3,788,611.	4,093,498,	1,828,275,	12,598,446.
	Gross income from interest,	1,345,400,	1,000,074.		4,000,200		11,000,110,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	29,468.	39,310.	20,783.	14,612.	23,454.	127,627.
9	Net income from unrelated business		1	•			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	į					
	or loss from the sale of capital						
	assets (Explain in Part IV.)	57,411.	45,001.	79,720.	100,099.	90,662.	372,893.
11	Total support. Add lines 7 through 10						13,098,966.
	Gross receipts from related activities,					12	32,031.
	First five years. If the Form 990 is for						
	organization, check this box and stop tion C. Computation of Publi	here					<u> </u>
	Public support percentage for 2012 (li		-			14	65.47 %
	Public support percentage from 2011					15	65.47 <u>%</u>
16a	33 1/3% support test - 2012. If the o	=					
	stop here. The organization qualifies a						
þ	33 1/3% support test - 2011. If the o						
47-	and stop here. The organization qualit 10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	and if the organization meets the fracti meets the "facts-and-circumstances" t			•			
	10% -facts-and-circumstances test						
	more, and if the organization meets the						. 4, 4 4,
	organization meets the "facts-and-circ						
	Private foundation. If the organization		= -				. —

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support					•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
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	Į					
	or expended on its behalf				1		
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						
t	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	Eligitation in religion		<u>a 1.800. ša, 15 š</u>		<u>la de la la la la la la la la la la la la la </u>	
	ction B. Total Support		I			1	PR
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						_
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		77.70				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
•	check this box and stop here	•			=		>
Sec	tion C. Computation of Publi	c Support Per	rcentage				-
	Public support percentage for 2012 (li		• • •	olumn (fi)		15	%
	Public support percentage from 2011					16	%
	tion D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			e 13. column (f)\		17	%
	Investment income percentage from 2					18	//
	33 1/3% support tests - 2012. If the						
							. 🗀
	more than 33 1/3%, check this box an 33 1/3% support tests - 2011. If the o						
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						. —

Schedule A (Form 990 or 990-E	Z) 2012 CORPORATION	23-7257055 Page 4
	Information. Complete this part to provide the explanations requal to the explanation of the explanation o	
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHE	ER INCOME:
OTHER INCOME		
2008 AMOUNT: \$	9,000.	
2009 AMOUNT: \$	10,025.	
2010 AMOUNT: \$	9,554.	
2011 AMOUNT: \$	46,947.	
2012 AMOUNT: \$	50,144.	
SPECIAL EVENTS		
2008 AMOUNT: \$	48,411.	
2009 AMOUNT: \$	34,976.	
2010 AMOUNT: \$	70,166.	
2011 AMOUNT: \$	53,152.	
2012 AMOUNT: \$	9,360.	
SALES		
2012 AMOUNT: \$	31,158.	
	<u></u>	

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OM8 No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING

Employer identification number

<u>CORPORATION</u> 23-7257055

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
, , , , ,	7), (b), of (10) diganization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.					
Special Rules						
509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contributions of	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
ution. An organization 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), to tit must answer "No" on Part IV, line 2, of its Form 990-PF, to tify that it does 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) (2012)

Name of organization PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number

23-7257055

Part I	Contributors	(see instructions). U	se duplicate copies	of Part I if addition	al space is needed.

(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 1	Name, address, and ZIP + 4 RICHARD KING MELLON FOUNDATION	rotal contributions	Person X Payroll
	500 GRANT STREET, SUITE 4106 PITTSBURGH, PA 15219-2502	\$ 120,000.	Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CORPORATION FOR PUBLIC BROADCASTING 401 NINTH STREET, NW WASHINGTON, DC 20004-2129	\$\$ <u>452,624.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE PITTSBURGH FOUNDATION 5 PPG PLACE SUITE 250 PITTSBURGH, PA 15222	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
THE LABOR TO THE L		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
3452 12-21	-12	Pauedrie R (Folw A	90, 990-EZ, or 990-PF) (2012)

Name of organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number

23-7257055

Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given S

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization

Employer identification number

PITTSB	URGH COMMUNITY BROADCA			23-7257055		
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501 the following line entry. For organiza tc., contributions of \$1,000 or less to tal space is needed.	(c)(7), (8), or (10) organiz tions completing Part III, er or the year. (Enter this information	ations that total more than \$1,000 for the once.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
		(e) Transfer of g	ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Do	escription of how gift is held		
		(e) Transfer of g	lft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held		
_		(e) Transfer of g	ft			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

Pa	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		The state of the s
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	irt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space	1 10001 valion 0. a cor	and there of diagram
2	Complete lines 2a through 2d if the organization held a qualif	ied consequation contribution in the form	of a consequation assembnt on the last
~	day of the tax year.	led conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
a	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
ن	Number of conservation easements included in (c) acquired a		j - j
a			I f
	listed in the National Register Number of conservation easements modified, transferred, rele		
3		eased, extinguished, of terminated by the	e organization during the tax
	year ► Number of states where property subject to conservation eas	nament is lessted	
4			
5	Does the organization have a written policy regarding the peri		Yes No
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and education because the conservation easement reported on line 2(d) above		
8	•	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizati	ion s financial statements that describes	the organization's accounting for
Dai	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or O	thar Similar Accete
rai	Complete if the organization answered "Yes" to Form 9		the Olima Assets.
			mant and balance about works of out
18	If the organization elected, as permitted under SFAS 116 (ASI	•	
	historical treasures, or other similar assets held for public exhi	· ·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		> 0
	(i) Revenues included in 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 trea		I gain, provide
	the following amounts required to be reported under SFAS 11	- · · · · · · · · · · · · · · · · · · ·	. .
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Sche	edule D (Form 990) 2012 CORPORA	TION						<u>57055</u>		<u>2</u>
Pa	rt III Organizations Maintaining (Collections of A	rt, Historica	Treasures,	or Other	Similar .	<u>Asse</u>	ts(continu	ed)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of	the following th	at are a sigr	nificant use	of its	collection	items	
	(check all that apply):									
а	Public exhibition	c	Loan or	exchange progr	rams					
b	Scholarly research	e	Other_							_
С	Preservation for future generations									
4	Provide a description of the organization's of	ollections and explai	n how they furth	ner the organizat	ion's exemp	ot purpose	in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical	treasures, or oth	ner similar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of	the organization	's collection?				Yes	L N	0
Pa	rt IV Escrow and Custodial Arrar	igements. Compl	ete if the organiz	ation answered	"Yes" to Fo	rm 990, Pa	art IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribu	itions or other a	ssets not in	cluded		_		
	on Form 990, Part X?				*******		,,,, L_	Yes	LL No	٥
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	flowing table:		,			· · ·	,	
					•	`L		Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1 1				
f	Ending balance					1 1				
2a	Did the organization include an amount on F						C	Yes	☐ No	D
	If "Yes," explain the arrangement in Part XIII									
	rt V Endowment Funds. Complete									
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back (d)	Three years	s back	(e) Four y	ears back	<u>‹</u>
1a	Beginning of year balance									
b	0 (1) (1)									_
c	Net investment earnings, gains, and losses									
d										
e	Other expenditures for facilities									
•	and programs									
f										_
g	End of year balance			"						_
2	Provide the estimated percentage of the cur		e (line 1g, colum	nn (a)) held as:						_
- а			%							
b			·							
	Temporarily restricted endowment ▶									
-	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		ation that are he	ld and administe	ered for the	organizatio	n			
	by:	•						Y	es No	
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		_
b	If "Yes" to 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the						*********			
Par	rt VI Land, Buildings, and Equipm									-
	Description of property	(a) Cost or o		ost or other	(c) Accu	ımulated		(d) Book v	alue	_
	en er en de la company	basis (investn	, , ,	sis (other)		ciation				
1a	Land			225,000.				225	,000	•
	Buildings			973.351.	55	8,439		2,414		
	Leasehold improvements				=					_
	Equipment			672,564.	47	8,740		193	824	•
u	and and a second			= , = ,		<u> </u>				_

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

2,833,736.

Schedule D (Form 990) 2012 CORPORATION			23-7257055 Page 3
Part VII Investments - Other Securities. See		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 value
(1) Financial derivatives			
(2) Closely-held equity interests			***************************************
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se		13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost of	r end of year market value
(1)			
(2)	***************************************		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	16		
The state of the s	Description		(b) Book value
(1) INVESTMENT IN SUBSIDIARY			250,000.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			·······
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		• • • • • • • • • • • • • • • • • • • •	≥ 250,000.
Part X Other Liabilities. See Form 990, Part X, Iii	ne 25.	(1) Design	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		90 001	
(2) DUE TO EPM, INC.		80,991.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	80,991.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the		t reports the organization's
liability for uncertain tax positions under FIN 48 (ASC 74			

Sch	edule D (Form 990) 2012 CORPORATION			23-	7257055	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per P	eturn)	
1	Total revenue, gains, and other support per audited financial statements			1	2,078	,622.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	24,335.			
b			73,150.			
¢	Recoveries of prior year grants					
d			8,682.			
е				2e	106	167.
3	Subtract line 2e from line 1			3	1,972,	455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	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	1,972,	455.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per	Retu	'n	
1	Total expenses and losses per audited financial statements			1	2,196,	004.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 - 1		
а	Donated services and use of facilities	2a	73,150.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)		8,682.			
е	Add lines 2a through 2d		***************************************	2e	81.	832.
3	Subtract line 2e from line 1			3	2,114,	$\frac{172.}{172.}$
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	**************				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b		7				
c	Add lines 4a and 4b		· · · ·	4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,114,	
Par	t XIII Supplemental Information			<u> </u>	2,111,	<u> </u>
	Dete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a ar	nd 1. Part IV lines 1h	and 2	h: Part V. line /	l Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to					
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:					····
PE	CIAL EVENTS		117 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		8,	682.
 PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:					
271/	1 ALL, DIME 2D - OTHER ADUUSTMENTS:	•••				
PE	CIAL EVENTS				8,	<u>682.</u>

SCHEDULE! (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" to Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

PITTSBURGH COMMUNITY BROADCASTING

OMB No. 1545-0047 2012 Open to Public Inspection

2 Employer identification number 23-7257055 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? General Information on Grants and Assistance CORPORATION Parti

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be disnicated if Additional	Governments and	d Organizations in the	e United States, Co	omplete if the orga	inization answered "Y	es" to Form 990, Part	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSENTIAL PUBLIC MEDIA, INC. 67 BEDFORD SQUARE PITTSBURGH, PA 15203.	45-1262799	501(C)(3)	309,893.	O	PAIR MARKET		PASS-THROUGH OF CPB COMMUNITY SERVICE GRANT FOR OPERATIONS AND
ESSENTIAL PUBLIC MEDIA, INC. 67 BEDFORD SQUARE PITTSBURGH, PA 15203	45-1262799	501(C)(3)	0	30,420,1		ON-AIR ON-AIR TO REDUCE UNDERWRITING OF UNDERWRIT DUQUESNE UNIVERSITY SPOTS AGREEMENT	PROGRAMMING OF ESSENTIAL TO REDUCE SUBSIDIARY'S UNDERWRITING EXPENSE UNDER ASSET FURCHASE AGREEMENT
			3				
2 Enter total number of section 501(c)(3) and government organizations is Enter total number of other organizations listed in the line 1 table	nd government org	ions	sted in the line 1 table				2.

232 101 12-18-12

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

CORPORATION Schedule I (Form 990) (2012)

Part III

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

Page 2

23-7257055

PART II, LINE 1, COLUMN (H):

INC. NAME OF ORGANIZATION OR GOVERNMENT: ESSENTIAL PUBLIC MEDIA, (H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH OF CPB COMMUNITY

232102 12-18-12

Schedule I (Form 990) (2012)

Schedule I (Fo	rm 990)		CORPORATION	<u>NC</u>				23-73	<u> 257055</u>	Page 2
Part IV S	emelaqui	ntal In	CORPORATION							
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
A NONCOMMERCIAL PUBLIC RADIO STATION.
FORM 990, PART VI, SECTION B, LINE 11: THE DIRECTOR OF FINANCE, GENERAL
MANAGER, AND FINANCE/AUDIT COMMITTEE WILL REVIEW THE FORM 990 AND WILL
ADDRESS ANY QUESTIONS TO THE PREPARER. THE DIRECTOR OF FINANCE WILL E-MAIL
A 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 DEADLINE. ONCE QUESTIONS AND CHANGES ARE ADDRESSED, THE FORM 990 IS
FINALIZED.
FORM 990, PART VI, SECTION B, LINE 12C: FOR PITTSBURGH COMMUNITY
BROADCASTING CORPORATION ANY CONFLICTS ARE DISCUSSED BY THE BOARD AND THE
GENERAL MANAGER AND ADDRESSED ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR PITTSBURGH
COMMUNITY BROADCASTING CORPORATION IS SET BY THE BOARD. WAGES ARE SET
BASED ON COMPARABILITY DATA SUCH AS COMPENSATION LEVELS PAID BY SIMILAR
ORGANIZATIONS AND THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC
AREA OF PITTSBURGH.
AREA OF FIIISBURGH.
FORM 990, PART VI, SECTION C, LINE 19: THE CORPORATION MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
JPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 23-7257055

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

PITTSBURGH COMMUNITY BROADCASTING

CORPORATION

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.)	tions (Complete if the organization an	iswered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more rek	ited tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led
				((s)(a))		Yes	2
ESSENTIAL PUBLIC MEDIA, INC. 23-7257055	OPERATE A NATIONAL AND				Thereserves		
67 BEDFORD SQUARE	LOCAL NEWS AND TALK RADIO				T.T.SBUKGH		
PITTSBURGH PA 15203-1152	Superior Company			SCREDULE A,	COMMONITY		
	MOTTUTE	PENNSYLVANIA	501(C)(3)	PART I LINE	BROADCASTING		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2012

232161 12-10-12 LHA

Schedule R (Form 990) 2012 CORPORATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 23-7257055 Part III

Page 2

(a)	170	<u> </u>											
Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or foreign	(d) Direct controlling entity	Predominan (related, un excluded from sections 51	t income related, tax under	(f) Share of total income	(g) Share of end-of-year assets	Disp ate al	(h) oportion- coations?	(i) Code V-UBI amount in box 20 of Schedule	(J) General or managing partner?	General or Percentage managing ownership	Φ ~
				o o o o o o o o o o o o o o o o o o o	(1)	į		Yes	Š	(Form 1065)	Ves No		1
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable a poration or trust durin	s a Corpor g the tax ye	ation or Trust (Co	mplete if the	e organization	answered "Ye	is" to Form 99	90, Part IV, II	ne 34 bec	ause it had o	ne or mor	e related	ŀ
(a) Name, address, and EIN of related organization	Z	Prima	(b) Primary activity	(c) Legal comicile (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp, S corp, or trust)	f entity SI S corp, ust)	(f) Share of total income	Sha end-	(g) Share of Peend-of-year ov assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	1 1
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Schedule R (Form 990) 2012

232162 12-10-12

Schedule R (Form 990) 2012 CORPORATION

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

Page 3

23-7257055

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

ŝ × × × × × × × Yes × × × × × 19 ₽ ည # Ę 무 4 13 ā <u>a</u> ÷ ٥ (d) Method of determining amount involved # 흔 ÷ ¥ = 460,325.ALLOCATION OF EMPLOYEE PAY 285,241.DIRECT ALLOCATION OF COSTS 255,924. TOTAL OF PAYMENTS RECEIVED CPB CSG Lease of facilities, equipment, or other assets from related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses. Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sharing of paid employees with related organization(s) r Other transfer of cash or property to related organization(s) 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. 309,893.PRORATED SHARE OF Sale of assets to related organization(s) 50,004.LEASE PAYMENT Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 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? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) þ ф 0 Ø Ŋ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) INC. (1) ESSENTIAL PUBLIC MEDIA, INC. (2) ESSENTIAL PUBLIC MEDIA, INC. (4) ESSENTIAL PUBLIC MEDIA, INC. INC. (a)
Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) (5) ESSENTIAL PUBLIC MEDIA, (3) ESSENTIAL PUBLIC MEDIA, 232163 12-10-12 Ε මු

Page 4 23-7257055

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

The second of th	organization. Ode instructions regarding exclusion for certain investment partnerships.	Sion for certain inv	estment partnerships.	i				ı	
(a) Name, address, and EIN	(b) Primary activity	(c)	(d) (e) Areall Areal			(£)	0	9	3
of entity	() () () () () () () () () ()	(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax ougs? under section 512-514) ves.	total tocome	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor Code V-UBI General or Percentage broad amount in box 20 managing allocations? Of Schedule K-1 partner? Of Schedule K-1 partner?	Seneral or managing partner?	Percentage ownership
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Schedule R (Form 990) 2012

CORPORATION

Schedule R (Form 990) 2012 CORPORATION	23-7257055 Page 5
Part VII Supplemental Information	tructional
Complete this part to provide additional information for responses to questions on Schedule R (see ins	tructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	1S:
NAME OF RELATED ORGANIZATION:	
ESSENTIAL PUBLIC MEDIA, INC.	
DIRECT CONTROLLING ENTITY: PITTSBURGH COMMUNITY BROADCAST	ING CORPORATION
SCHEDULE R, PART II	
PITTSBURGH COMMUNITY BROADCASTING CORPORATION (PCBC) / WY	EP 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 NE	PR, LOCAL
NEWS, AND TALK RADIO STATION.	
DROGRAMME CATALLY MILE OFFICE ON CONTRACT TARREST TARREST VICTOR OF THE CONTRACT OF THE CONTRA	T CDOGG OXIED
	I CROSS-OVER
SYNERGISTIC ELEMENTS TO ENRICH BOTH STATIONS. TO MAKE THE	MOST
COST-EFFECTIVE USE OF THE FUNDS ENTRUSTED TO BOTH ORGANIZA	TIONS, THE
STATIONS SHARE FACILITIES, AS WELL AS FUNDRAISING AND ADMI	NISTRATIVE
PERSONNEL. AS THE PARENT COMPANY, PCBC OWNS AND MAINTAINS	THE BUILDING
HOUSING THE CORPORATE OFFICES AND BROADCAST FACILITIES, AN	ID EMPLOYS ALL
OF THE SHARED-SERVICES EMPLOYEES THAT SUPPORT BOTH STATION	S. ALL
OCCUPANCY AND EMPLOYEE BENEFIT EXPENSES, AS WELL AS PAYROL	
FOR THE SHARED SERVICES EMPLOYEES, ARE PAID BY PCBC, AND T	
ALLOCATIONS FOR EPM'S SHARE OF THESE COSTS ARE THEN REIMBU	
BY EPM.	
IN ADDITION, BOTH STATIONS RELY IN PART ON AN ANNUAL GRANT	FROM THE
CORPORATION FOR PUBLIC BROADCASTING (CPB), CALLED THE COMM	UNITY SERVICE
GRANT. IT IS A GRANT THAT THE CPB PAYS TO PARTICIPATING PU	BLIC RADIO

<u>Schedule R (Form 990) 2012</u> <u>CORPORATION</u> <u>23-/25/055 Page 5</u>
Part VII Supplemental Information
Complete this part to 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.