** 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)

▶ 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

OMB No. 1545-0047

Α	For th	e 2016 calendar year, or tax year beginning $\mathrm{JUL}1,2016$	و ending	<u>UN 30, 2017</u>	
В	Check if applicab	C Name of organization PITTSBURGH COMMUNITY BROADCASTING	•	D Employer identifi	cation number
	Addre	SS CORPORATION			
	Name	TOTAL OF THE WELL OF THE		23-7	257055
	Initial return Final return	67 REDEORD COHARE	Room/suite	E Telephone numbe	r 381-9131
	termir ated		G Gross receipts \$	5,529,093.	
	Amen	ded PITTSBURGH, PA 15203-1152		H(a) Is this a group re	
	Application	Finally and address of principal officer; TERESTOR OF REFEREN		for subordinates	? Yes X No
	pendi	107 BEDFORD SQUARE, PITTSBURGH, PA 1520		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	· · · · · · · · · · · · · · · · · · ·	list. (see instructions)
		te: > WWW.WYEP.ORG, WWW.WESA.FM		H(c) Group exemptio	
_		organization: X Corporation	L Year	of formation: 1972 N	A State of legal domicile: PA
P	art I				<u> </u>
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${ m TO}\ { m LE}$ MEDIA TO INFORM, INSPIRE, AND ENTERTAIN.	EVERAG	E THE POWER	OF PUBLIC
ı.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
o ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
ত প্	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	64
iviti	6	Total number of volunteers (estimate if necessary)			250
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
			<u> </u>	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,646,635.	5,443,535.
Revenue	9	Program service revenue (Part VIII, line 2g)		625.	35,255.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,458.	15,433.
	;	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,784.	20,099.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,739,502.	5,514,322.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		304,957.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,052,521. 9,493.	
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,493.	17,208.
X		Total fundraising expenses (Part IX, column (D), line 25) 1,058,26		1,574,722.	2,010,829.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,941,693.	5,422,847.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-202,191.	91,475.
- S	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Find Balances	20	Total assets (Part V. line 16)	De	11,067,845.	End of Year 10,984,364.
Asse	21	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)		2,140,528.	1,825,265.
Vet.	22	Net assets or fund balances. Subtract line 21 from line 20		8,927,317.	9,159,099.
	art II	Signature Block		0,521,511	3,133,033.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the hest of m	v knowledge and helief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y Mio Mougo and Donoi, it io
Sig	n	Signature of officer	- w	Date	
He		TERENCE O'REILLY, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Pai	đ	DEANNA CONTE Glavafllente		1/6/17 if self-employ	₽01875603
Pre	parer	Firm's name MAHER DUESSEL, CPA'S		Firm's EIN	25-1622758
Use	Only	Firm's address 503 MARTINDALE STREET, SUITE 600)	1	
_		PITTSBURGH, PA 15212		Phone no.41	2-471-5500
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PITTSBURGH COMMUNITY BROADCASTING CORPORATION LEVERAGES THE POWER OF
	PUBLIC MEDIA TO INFORM, INSPIRE, AND ENTERTAIN. WE ENGAGE AUDIENCES
	AND CULTIVATE CONVERSATIONS THAT STRENGTHEN, ENRICH, AND IMPROVE THE
	COMMUNITIES WE SERVE.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,589,022 • including grants of \$) (Revenue \$ 54,653 •)
·u	THE CORPORATION OPERATES COMMUNITY-LICENSED PUBLIC RADIO STATIONS, 90.5
	WESA AND 91.3 WYEP. 91.3 WYEP BROADCASTS A DIVERSE OFFERING OF ADULT
	ALTERNATIVE MUSIC, PROVIDES COMMUNITY EDUCATION PROGRAMS, AND PRESENTS
	A LARGE NUMBER OF HIGHLY VISIBLE EVENTS AND CONCERTS TO WESTERN
	PENNSYLVANIA AND SURROUNDING REGIONS. 90.5 WESA PROVIDES A NATIONAL
	PUBLIC RADIO (NPR) NEWS AND INFORMATION FORMAT, DEDICATED TO INFORMING
	PEOPLE IN WAYS THAT ENGAGE AND INSPIRE DIALOGUE ABOUT GLOBAL, NATIONAL,
	AND COUMMINTY ISSUES. BOTH STATIONS PLAY AN ACTIVE ROLE IN ENGAGING
	THE COUMMINTY THROUGH ONLINE AND MOBILE SERVICES AND IN-PERSON EVENTS,
	AND HAVE A PROMINENT VOICE IN PITTSBURGH'S CIVIC AND CULTURAL AFFAIRS.
	MAD INVERTIGATION VOICE IN TITIED OROIT & CIVIC AND COLIORAE ATTAINS.
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
4 :	Otherways and head (Describe in Ochestude O.)
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,589,022 •
4e	Total program service expenses ► 3,589,022. Form 990 (2016)
	FOIII 930 (2016)

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form 990 (2016) CORPORATION
Part IV Checklist of Required Schedules

	·			.
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
•	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	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?	_		7,7
	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			3,7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3,7
	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			v
	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			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	Х
	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			7,7
	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		v	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u></u>		v
	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		
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			v
	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			v
	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			37
	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,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X

Form **990** (2016)

Page 4

PITTSBURGH COMMUNITY BROADCASTING

CORPORATION

Form 990 (2016) CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		Х
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		Х
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):			77
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	, , , , , , , , , , , , , , , , , , , ,	22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a		SSa		
D	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		
26		JOD		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	110 to 1 1 of 11 000 file of a required to complete conclude o	1 30		

Form 990 (2016) CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming					
	(gambling) winnings to prize winners?			1c				
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 64							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X		
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 A	Accour	its (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		v		
	any contributions that were not tax deductible as charitable contributions?			6a		X		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-			6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.5				
·	to file Form 8282?	uo 109	anoa	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b				9b				
10	Section 501(c)(7) organizations. Enter:	l	1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	۔ ا						
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a						
D	amounts due or received from them.)	11b						
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form))	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ıza				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.20						
	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						
С	Enter the amount of reserves on hand	13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b				

Form 990 (2016)

23-7257055

Page **6**

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 or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3								
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
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:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	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		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х					
	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	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶PA							
18	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	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	TERENCE O'REILLY - 412-697-2952							
	67 REDEORD SOMARE PITTSRIEGH PA 15203-1152							

23-7257055 Page 7

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

		1 1
Check if Schedule O contains a response or note to any line	a in thic Part \/II	1 1
Officer if deficed to contains a response of fide to any lim	ic iii tiiis i ait 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 (Ď), (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 organizat (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any hours for	or director	98			ated		the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) RON LEIBOW	1.00	_	_		×	T 80	Т.			
BOARD MEMBER		Х						0.	0.	0.
(2) HAROLD HAYES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) VANESSA MOREHOUSE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) HARRIS JONES	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) PAUL PURDY	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(6) BILL ADAMS	1.00									•
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) ED TRAVERSARI	1.00									_
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) NANCY WASHINGTON	1.00	. ,							_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) TOM PETZINGER	1.00	X						0.	0.	0.
BOARD MEMBER (10) MICHELLE PAGANO HECK	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(11) BJ LEBER	1.00							0.	0.	•
BOARD MEMBER	2,00	x						0.	0.	0.
(12) SEAN GANOE	1.00	 							•	•
BOARD MEMBER		х						0.	0.	0.
(13) MARCO CARDAMONE	1.00									
BOARD PRESIDENT		Х		х				0.	0.	0.
(14) KATHY WALLACE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SANDY GARFINKEL	1.00									
BOARD MEMBER UNTIL 12/31/16		Х						0.	0.	0.
(16) JEFF KESSEL	1.00									
BOARD MEMBER UNTIL 12/31/16		Х						0.	0.	0.
(17) GREG JOSEPH	1.00									_
BOARD MEMBER UNTIL 12/31/16		Х						0.	0.	0.

Section A. Officers, Directors, Trus		pioy	ees			gne	SI C	T	·				
(A)	(B)			(C Posi	-	,		(D)	(E)		_	(F)	
Name and title	Average hours per	I (do not check more than one I						Reportable	Reportable			timate	
	week					or/trus		compensation from	compensation from related			nount o other	ונ
	(list any	ctor						the	organizations	,		pensat	tion
	hours for	or dire	ao			rted		organization	(W-2/1099-MIS	C)		om the	
	related organizations	ustee	truste		eo	suedi		(W-2/1099-MISC)			_	anizati	
	below	lual tr	tional		ploye	st com	L					d relate anizatio	
	line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former				o, g.	inzacio	,,,,
(18) DANIEL KLEIN	1.00	_	_		_								
BOARD MEMBER UNTIL 12/31/16		х						0.		0.			0.
(19) PETER ROSENFELD	1.00												
BOARD MEMBER UNTIL 12/31/16		Х						0.		0.			0.
(20) ABBY GOLDSTEIN	40.00												
GENERAL MANAGER	40.00			Х				114,140.		0.	1	1,64	<u> 10.</u>
(21) SARAH WEMPLE	40.00							61 215				,	- ^
DIRECTOR OF FINANCE UNTIL 10/31/16	40.00			Х				61,315.		0.		7,7	00.
(22) JOHN SUTTON	40.00			77						_			0
GENERAL MANAGER (23) TERENCE O'REILLY	40.00			Х				0.		0.			0.
	40.00			х				93,195.		0.		7,79	an
CEO (24) CRAIG WEBER	40.00			Δ				93,193.		٠.		/ , / .	, , , , , , , , , , , , , , , , , , ,
DIRECTOR OF FINANCE AND HR	40.00			х				0.		0.			0.
DIRECTOR OF FINANCE AND IN								•		•			••
1b Sub-total							<u> </u>	268,650.		0.	2	7,18	30.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								268,650.		0.	2	7,18	30.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable	Э			_
compensation from the organization											-	[1
										ı		Yes	No
3 Did the organization list any former officer,	•			•	•	•		•					Х
line 1a? If "Yes," complete Schedule J for s								h			3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	-		-					•	the organization		4		Х
5 Did any person listed on line 1a receive or a									dual for services		4		
rendered to the organization? If "Yes," com					-		Cial	ed organization or indivi	dual for services		5		Х
Section B. Independent Contractors	piete Geriedan		0/ 00	1011	0010								
Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100.000 of com	pens	ation f	rom	
the organization. Report compensation for										•			
(A)	-							(B)			(0	;)	
Name and business	address	N	ONE	3				Description of s	ervices	С	ompe	nsatior	1
							_						
							\dashv		+				
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨				(0						000 (6	

Page 9

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b 2,371,189. **b** Membership dues c Fundraising events d Related organizations 1d 339,055. e Government grants (contributions) f All other contributions, gifts, grants, and 1f 2,733,291 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 5,443,535. h Total. Add lines 1a-1f .. Business Code 900099 35,255 35,255 2 a JAZZ WORKS Program Service Revenue f All other program service revenue 35,255. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 15,433. 15,433. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 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 assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 15,472. Part IV, line 18 a Other **b** Less: direct expenses 701. 701. 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 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 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a OTHER INCOME 10,924. 10,924. 515100 b SALES 515100 8,474. 8,474. С d All other revenue 19,398. e Total. Add lines 11a-11d ,514,322. 54,653. 16,134 Total revenue. See instructions.

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Form 990 (2016)

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	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				
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,	455 007	164 270	220 517	61 110
_	trustees, and key employees	455,997.	164,370.	230,517.	61,110.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,446,592.	1 622 602	225 117	587,782.
7	Other salaries and wages	4,440,394.	1,633,693.	225,117.	301,184
8	Pension plan accruals and contributions (include	57,386.	43,723.	4 524	0 120
_	section 401(k) and 403(b) employer contributions)	195,534.	139,827.	4,524. 17,714.	9,139. 37,993.
9	Other employee benefits	239,301.	151,037.	35,951.	52,313.
10	Payroll taxes	4J7,JU1.	131,03/•	33,331.	J4,J13.
11	Fees for services (non-employees):				
a	Management	173.	173.		
	•	25,299.	175.	25,083.	216.
	Accounting	25,255		25,005.	210.
	Lobbying Professional fundraising services. See Part IV, line 17	17,208.			17,208.
e f	Investment management fees	17,200.			17,200
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	105,454.	72,714.		32,740.
12	Advertising and promotion	187,594.	154,285.	2,288.	31,021.
13	Office expenses	254,263.	79,551.	13,054.	161,658.
14	Information technology	89,132.	64,598.	2,750.	21,784.
15	Royalties	727	0 = 7 0 0 0 1		
16	Occupancy	131,063.	123,286.	5,207.	2,570.
17	Travel	24,387.	11,362.	4,596.	8,429.
18	Payments of travel or entertainment expenses	,	,	,	-, -
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	49,985.		49,985.	
21	Payments to affiliates	- -		·	
22	Depreciation, depletion, and amortization	121,801.		121,801.	
23	Insurance	19,859.	3,239.	16,620.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ON AIR PROGRAMMING/TRAN	858,927.	858,927.		
h	ALLEGHENY FRONT	60,533.	60,533.		
	PROFESSIONAL DEVELOPMEN	33,143.	20,000.	6,505.	6,638.
d	MEALS AND ENTERTAINMENT	20,939.	6,758.	6,673.	7,508.
-	All other expenses	28,277.	946.	7,173.	20,158
25	Total functional expenses. Add lines 1 through 24e	5,422,847.	3,589,022.	775,558.	1,058,267
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 (2016)

Part X Balance Sheet

Pai	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,284,445.	1	964,806.
	2	Savings and temporary cash investments			8,004.	2	33,579.
	3	Pledges and grants receivable, net		199,875.	3	190,000.	
	4	Accounts receivable, net	201,664.	4	329,555.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
र		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			129,647.	9	176,253.
	10a	Land, buildings, and equipment: cost or other	i i				
		basis. Complete Part VI of Schedule D	10a	4,687,525.			
	b	Less: accumulated depreciation	10b	1,484,275.	3,218,271.	10c	3,203,250.
	11	Investments - publicly traded securities			525,939.	11	586,921.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	5,500,000.	14	5,500,000.		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	11,067,845.	16	10,984,364.		
	17	Accounts payable and accrued expenses	184,761.	17	126,908.		
	18	Grants payable		18			
	19	Deferred revenue			6,600.	19	34,550.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Ě		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			1,200,000.	23	1,000,000.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D			749,167.	25	663,807.
	26	Total liabilities. Add lines 17 through 25			2,140,528.	26	1,825,265.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
auc	27	Unrestricted net assets			8,579,630.	27	8,585,090.
3al	28	Temporarily restricted net assets			347,687.	28	574,009.
l pu	29					29	
Ŧ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶☐☐			
ģ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	Juipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		F		32	
Z	33	Total net assets or fund balances			8,927,317.	33	9,159,099.
	34	Total liabilities and net assets/fund balances			11,067,845.	34	10,984,364.

Form **990** (2016)

. 0111	1000 (2010)			· u	90
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			F F4	4 2	~~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,42		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,92		
5	Net unrealized gains (losses) on investments	5		8,9	
6	Donated services and use of facilities	6	9	1,4	<u>07.</u>
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	9,15	9,0	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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 reviewe	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 separate	e basis,			
	consolidated basis, or both:				
	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 Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization PITTSBURGH COMMUNITY BROADCASTING **Employer identification number** 23-7257055 CORPORATION

Pa	art I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
The	orga	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	unction with a land-grant	college
		or university or a non-land-g						
		university:					-	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con						
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
á	a 🗆	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k	, L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	; L	$oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}$	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
(ı L	☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). You must co n	mplete Part IV, Sections	s A and D,	and Part	V.	
6	• L	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
1	f Ent	er the number of supported o	organizations					
	Pro	ovide the following information			(iv) to the ergo	unization listed		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								
Tot	al						I	

23-7257055 Page 2

P	(Complete only if you checke	•					•
	fails to qualify under the tests		, ,	•	asa is qaay		
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,828,275.	2,152,791.	1,857,175.	3,646,635.	5,443,535.	14,928,411.
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	1,828,275.	2,152,791.	1,857,175.	3,646,635.	5,443,535.	14,928,411.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						537,854.
6	Public support. Subtract line 5 from line 4.						14,390,557.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,828,275.	2,152,791.	1,857,175.	3,646,635.	5,443,535.	14,928,411.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	23,454.	29,315.	30,933.	31,458.	15,433.	130,593.
9	Net income from unrelated business						
	activities, whether or not the						

11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 50,269 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

151,555.

71,119

111,206.

90,662.

Section C. Computation of Public Support Percentage 92.52 14 % 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 81.98 15 Public support percentage from 2015 Schedule A, Part II, line 14 15

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

70,125

494,667

15 553 671

business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital

assets (Explain in Part VI.)

organization, check this box and stop here

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

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

Sec	etion A. Public Support	clow, picase com	piete i dit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	. ,	` ,	<u> </u>	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	•			•		
Sec	tion C. Computation of Publ			<u> </u>		·	· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2016 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	tion D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	O.S		
	3с		
	4a		
	4.		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	Ωh		
	9b		
	9с		
	10a		
_	10b		
m 9	90 or 99	JU-EZ	2016

Sche	edule A (Form 990 or 990-EZ) 2016 CORPORATION 25 -	123103	9 Pa	<u>age 5</u>
Pa	rt IV Supporting Organizations _(continued)			
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) ary (b) above 21f "Yee" to a boar a provide detail in Part VI	11b		
	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. etion B. Type I Supporting Organizations	11c		
<u> </u>	ation b. Type roupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	aton or type it cupper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	<u>).</u>	
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) 2016 CORPORATION

23-7257055 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	llv integrat	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

_				
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
36011	on E - Distribution Anocations (see instructions)		F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

23-7257055 Page 8

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	Α,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
OTHER INC	COME	Ξ								
2012 AMOU	JNT :	: \$	50,2	L44.						
2013 AMOU	JNT :	: \$	50,9	962.						
2014 AMOU	JNT :	: \$	55,6	500.						
2015 AMOU	JNT :	: \$	31,9	942.						
2016 AMOU	JNT :	: \$	46,2	L79.						
SPECIAL E	EVE	NTS								
2012 AMOU	JNT :	: \$	9,36	50.						
2013 AMOU	JNT :	: \$	13,0	041.						
2014 AMOU	JNT :	: \$	63,8	360.						
2015 AMOU	JNT :	: \$	10,9	932.						
2016 AMOU	JNT :	: \$	15,4	172.						
SALES										
2012 AMOU	JNT :	: \$	31,1	L58.						
2013 AMOU	JNT :	: \$	47,2	203.						
2014 AMOU	JNT :	: \$	32,0	95.						
2015 AMOU	JNT :	: \$	28,2	245.						
2016 AMOU	JNT :	: \$	8,4	74.						

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:	rs of: Section:							
Form 990 or 990-EZ \overline{X} 501(c)($\overline{3}$) (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							
Note: Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contribution is checked, ente	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i>							
religious, charita	ble, etc., contributions totaling \$5,000 or more during the year \$							
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule R (Form 990, 990.F7, 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) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
PITTSBURGH COMMUNITY BROADCASTING
CORPORATION

Employer identification number

23-7257055

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$515,000.	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		\$ 299,055.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll 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
		- - - - - - - - -	000 F7 000 PF) (0016

Name of organization
PITTSBURGH COMMUNITY BROADCA

Employer identification number

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

23-7257055

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c	ributions to organizations described columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. once.) \$					
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	al space is needed. (c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of git	t t					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.								
_								
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	f gift (d) Description of how gift is held					
.								
-								
		(e) Transfer of git	tt .					
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of git	it .					
_	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" 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PITTSBURGH COMMUNITY BROADCASTING CORPORATION

Employer identification number 23-7257055

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
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		
_	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 organizat	tion's financial statements that describes	s the organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Treasures or (Other Similar Assets
Га	Complete if the organization answered "Yes" on Form	-	otilei Siiliidi Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		mont and balance shoot works of art
Ia		•	
	historical treasures, or other similar assets held for public ext the text of the footnote to its financial statements that descri		ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance shoot works of art, historical
b			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items:		*
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treatments.	acures or other similar assets for financi	
2	-		ai gairi, provide
_	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1		\$
d	Assets included in Form 990, Part VIII, line 1		

Schedule D (Form 990) 2016

CORPORATION

23-7257055 Page **2**

Pai	rt III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, d	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	I 🗌 Lo	an or exc	hange progra	ams			
b	Scholarly research	е	· 🗌 Ot	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organizati	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	rt IV Escrow and Custodial Arran							: IV, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ontribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe						?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	has been	provided on	Part XIII			
	rt V Endowment Funds. Complete i								
•	·	(a) Current year	(b) Prio	or year	(c) Two year	s back (d)	Three years b	ack (e) Four y	ears back
1a	Beginning of year balance			•					
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g,	column (a	a)) held as:	·			
а	Board designated or quasi-endowment	•	%	`	,,				
b	Permanent endowment	%							
С		<u></u> *							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		ation that	are held a	nd administe	red for the	organization		
	by:	ŭ					J	T	es No
	(i) unrelated organizations							3a(i)	
	4m							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the							<u></u>	
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, I	line 11a. S	See Form 990), Part X, lin	ie 10.		
	Description of property	(a) Cost or o			or other		umulated	(d) Book	value
	,	basis (investr	ment)	basis	(other)	depre	ciation	, ,	
1a	Land			63	7,417.			637	,417.
	Buildings				4,396.	85	8,918.	2,125	
	Leasehold improvements				6,628.		6,842.		, 786.
					2,532.		3,189.		,343.
	Other				6,552.		5,326.		,226.
	I. Add lines 1a through 1e. (Column (d) must e		X, column					3,203	,250.

Schedule D (Form 990) 2016

Part VIII Investments

CORPORATION

23-7257055 Page **3**

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
l) Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (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,	ine 11c. See Form 990), Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(-)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, Description	ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) Patal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) Dal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) Patal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) Patal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
(9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description e 15.)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	ine 11e or 11f. See Fo		
(9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description e 15.)			
(9) Dal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Intal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNDERWRITING PAYABLE	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Patal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNDERWRITING PAYABLE (3)	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNDERWRITING PAYABLE (3) (4)	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNDERWRITING PAYABLE (3) (4) (5) (6)	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (B) li	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) UNDERWRITING PAYABLE (3) (4) (5) (6) (7) (8)	Description e 15.)	ine 11e or 11f. See Fo	rm 990, Part X, line 2	
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (B) li	e 15.) on Form 990, Part IV,	ine 11e or 11f. See Fo	rm 990, Part X, line 2	

Schedule D (Form 990) 2016

CORPORATION

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme		Revenue per R	eturr	1.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				F 060 181	
1		revenue, gains, and other support per audited financial statements			1	5,869,171.	
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1	40 000			
а		nrealized gains (losses) on investments		48,900.			
b		ted services and use of facilities		291,178.			
С		veries of prior year grants		1 4 771			
d		(Describe in Part XIII.)	2d	14,771.		254 040	
е		nes 2a through 2d			2e	354,849. 5,514,322.	
3		act line 2e from line 1			3	3,314,322.	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
а		tment expenses not included on Form 990, Part VIII, line 7b					
b		(Describe in Part XIII.)	4b		_	0	
_C		nes 4a and 4b			4c	5,514,322.	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	II XII	Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retu	ırn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1		E 627 200	
1		expenses and losses per audited financial statements			1	5,637,389.	
2		ints included on line 1 but not on Form 990, Part IX, line 25:		199,771.			
a		ted services and use of facilities		133,1110			
b		year adjustments					
С.		losses		14,771.			
d		(Describe in Part XIII.)				214 542	
e		ines 2a through 2d			2e	214,542. 5,422,847.	
3		act line 2e from line 1			3	J,422,047•	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1.1				
a		tment expenses not included on Form 990, Part VIII, line 7b	-				
b		(Describe in Part XIII.)				0.	
		ines 4a and 4b			4c	5,422,847.	
5 Dai		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			5	J,422,047•	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h	and the Part V. line /	1. Dort	V line 2: Dort VI	
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			r, r art	A, IIIIC Z, I AIT AI,	
111103	Zu and	a 4b, and 1 art Air, lines 2d and 4b. Also complete this part to provide any add	itional imon	nation.			
PAI	RT X	I, LINE 2D - OTHER ADJUSTMENTS:					
		,					
SPI	ECIA	L EVENT EXPENSE				14,771.	
						,	
PAI	RT X	II, LINE 2D - OTHER ADJUSTMENTS:					
SPI	ECIA	L EVENT EXPENSE				14,771.	
PAI	RT X	II, LINE 2B AND PART XII, LINE 2A					
DII	FFER	ENCE BETWEEN THE RECONCILING DONATED S	ERVICE	S AND USE	OF 1	FACILITIES	
REV	<u>VENU</u>	E OF \$291,178 AND EXPENSE OF \$199,771	RELATE	S TO A RED	UCT:	ION OF LONG	
TEI	RM L	IABILITY IN THE AMOUNT OF \$91,407. TH	EREFOR	E, THE \$91	<u>,40</u>	7 IS NOT A	
REC	RECONCILING ITEM FOR EXPENSES.						

23-7257055 Page 4

Schedule D	(Form 990) 2016	CORPORATION	23-7257055 Page 5
Part XIII	(Form 990) 2016 Supplemental Info	rmation (continued)	
-			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

rm 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) 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

Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitar f X Solicitar g X Special or oral agreement with any individual cart VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
FALCON FUNDRAISING - 1690 WATERTOWER PLACE, SUITE 400A,	PHONE SOLICITATION	Yes	No X	84,342.	16,880.	67,462.
				94 242	16 990	67.462
S List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	84,342. s or has been notified	16,880. d it is exempt from re	67,462. egistration

Schedule G (Form 990 or 990-EZ) 2016 CORPORATION

23-7257055 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HOLIDAY NONE (add col. (a) through HOOTENANNY col. (c)) (event type) (total number) (event type) Revenue 8,385 8,385. 1 Gross receipts 2 Less: Contributions 8,385. 8,385. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 819. 819. 7 Food and beverages 8 Entertainment 12,305. 12,305. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2016 CORPORATION 23-	7257	055	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		103	110
	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🖳	Yes	☐ No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Ds	organization's own exempt activities during the tax year \$\sim \$\subset\$ supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	linos Q	0h 10)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ili les 5,	3D, 10	70, 130,
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
(I) NAME OF FUNDRAISER: FALCON FUNDRAISING			
(I) ADDRESS OF FUNDRAISER:			
	590 WATERTOWER PLACE, SUITE 400A, EAST LANSING, MI 48823			
	- ,			

Schedule G	(Form 990 or 990-EZ)	CORPORATION		23-7257055 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)		•

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 23-7257055

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

THE CEO, GENERAL MANAGER, AND FINANCE/AUDIT COMMITTEE WILL REVIEW THE FORM 990 AND WILL ADDRESS ANY QUESTIONS TO THE PREPARER. THE CEO 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 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 AND THE CEO AND ADDRESSED ACCORDINGLY.

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

COMPENSATION FOR PITTSBURGH COMMUNITY BROADCASTING CORPORATION IS SET BY WAGES ARE SET BASED ON COMPARABILITY DATA SUCH AS COMPENSATION THE BOARD. 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 ADDITION, AND AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS OWN WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.