

** PUBLIC DISCLOSURE COPY **

COPY - DO NOT FILE

Form **990**

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.

Ope

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

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For t	he 2020 calendar year, or tax year beginning OCT	1, 2020 and	THE RESERVE OF THE PARTY NAMED IN	EP 30, 2021		торессион
В	Check				D Employer ide	ntification n	umber
	Add	ress KQED INC.					
	Nan cha	ne I management at consequent of a secondarian			04 1241	100	
	Initi retu		ered to etreet address)	Room/suite	94-12413		
	Fina	2601 MARTROCA OMPREM	cied to street audiess)	HOUIII/SUILE	E Telephone nur (415) 864		
	lern alec	City or town, state or province, country, and Zl	P or foreign postal code		G Gross receipts \$		153,884,216.
	relu	SAN FRANCISCO, CA 94110-1400			H(a) Is this a grou	up return	
	App tion pen		L ISIP		for subordin		Yes X No
_		SAME AS C ABOVE			H(b) Are all subording	tes included?	Yes No
			(insert no.) 4947(a)(1)	or 527		ch a list. See	
-		ite: ► WWW, KQED, ORG of organization: X Corporation Trust Asso	atation on b		H(c) Group exem		
		of organization: X Corporation Trust Asso Summary	ociation Other	L Year	of formation; 1954	M State of	legal domicile: CA
_	T	Briefly describe the organization's mission or most si	anificant activities. INFORM	TNSPTRE	INVOLVE		
Activities & Governance		shorty december the organization's mission of most si	grinicant activities; 141 ordi	, INDI IKO	INVOLVE		
'n	2	Check this box if the organization disconti	nued its operations or dispos	sed of more	than 25% of its net	accate	
o Ve	3	Number of voting members of the governing body (Pa			***************************************	3	29
<i>ট</i> প্ৰ	4	Number of independent voting members of the gover	ming body (Part VI, line 1b)			4	29
es	5	Total number of individuals employed in calendar year	r 2020 (Part V, line 2a)	and Victorian Control		5	535
iviti	6	Total number of volunteers (estimate if necessary)	AND THE PERSON NAMED OF TH			6	0
Act	7 a	Total unrelated business revenue from Part VIII, colur	nn (C), line 12			7a	1,952,256,
-	b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11			7b	0.
	8	Contributions and assets (Da. 417)		_	Prior Year		rrent Year
ile	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		92,468,36		98,580,410.	
Revenue	10	Investment income (Part VIII, Inne 2g)		13,396,60 7,010,22		12,092,979.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d	10 / 0)		543,01		4,113,235, 1,092,196,
	12	Total revenue - add lines 8 through 11 (must equal Pa	or VIII column (A) line 12)	1001001	103,418,20		115 878 820.
	13	Grants and similar amounts paid (Part IX, column (A),	lines 1-3)		200,220,20	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), I				0.	0.
S	15	Salaries, other compensation, employee benefits (Par	t IX, column (A), lines 5-10)		51,989,98	7.	50,150,128.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		2,100,92	5.	1,917,438.
xpe	b	Total fundraising expenses (Part IX, column (D), line 2	5) 18,216,	559.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24e)		37,897,77	6.	39 023 134.
	18	Total expenses. Add lines 13-17 (must equal Part IX, o	column (A), Ilne 25)		91,988,68		91,090,700.
	19	Revenue less expenses. Subtract line 18 from line 12			11,429,52	1 .	24,788,120.
ts or		T. I. I		Beg	inning of Current Ye		d of Year
Asset Bala	20 21	Total lightition (Part X, line 16)	9,111,11111111111111111111111111111111	-100	304,837,19		338 114 400
ᅓ		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line			38,425,89		27,726,071.
	rt II	Signature Block	9 20	1414141	266,411,30	1.	310,388,329.
_		lties of perjury, I declare that I have examined this return, inc	luding accompanying schedules	and etatemen	ite and to the heet of	mu knowloda	and bolist it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of whi	ich preparer h	as anv knowledne	my knowledge	and Deliel, it is
		WITZIE WELL	ev	on property in	ac any knowledge:		
ign		Signature of officer _{Signed: 8/11/2022}			Date	1)	
lere		MITZIE KELLEY, CFO			8	11/200	2.2
_		Type or print name and title					
			eparer's signature		nte Check	PTI	IN
ald		DANIEL ROMANO	345	8/	/4/2022 II self-en	nplayed P005	04182
repa	- 0	Firm's name GRANT THORNTON LLP			Firm's EIN	36-605	5558
se C	inly	Firm's address 101 CALIFORNIA STREET, SUIT	TE 2700				
An	the te	SAN FRANCISCO, CA 94111			Phone no.4	15-986-39	
		S discuss this return with the preparer shown above?				х	
3200	1 12-23	-20 LHA For Paperwork Reduction Act Notice, s	see the separate instruction	18.		F	orm 990 (2020)

COPY - DO NOT FILE

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

forms liste	ed below with the exception of Form 8870, Information F	Return for	Transfers Associated With Certain Pe	ersonal Be	enefit								
Contracts	, for which an extension request must be sent to the IRS	S in paper	format (see instructions). For more de	etails on t	the electron	ic							
filing of th	iis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.										
A	All O March Edward (T)		.,										
	atic 6-Month Extension of Time. Only subm												
	ations required to file an income tax return other than Fo			s, REMICs	s, and trusts	3							
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.										
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpave	r identification	on numb	er (TIN)						
print				' '			,						
	KQED INC.				94-12	41309							
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.										
filing your return, See	, See												
instructions.	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.										
	SAN FRANCISCO, CA 94110-1400												
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)				0 1						
Application	on	Return	Application				Return						
Application Is For			Is For				Code						
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				07						
Form 990	BL	02	Form 1041-A				08						
	0 (individual)	03	Form 4720 (other than individual)				09						
Form 990		04	Form 5227				10						
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11						
Form 990-	T (trust other than above)	06	Form 8870				12						
	MITZIE KELLEY												
	oks are in the care of 2601 MARIPOSA STREET	- SAN FR											
	one No. (415) 864-2000		Fax No.			_							
■ If the o	rganization does not have an office or place of business	in the Uni	ited States, check this box	********	*************								
	s for a Group Return, enter the organization's four digit (
box 🕨	. If it is for part of the group, check this box	and alla	ch a list with the names and TINs of a	ali membi	ers ine exte	nsion is i	or.						
1 I rec	uest an automatic 6-month extension of time until	AUGUST	15, 2022 . to file	the ever	nt organiza	tion total	rn for						
	organization named above. The extension is for the organization			tne exem	npt organiza	lion retu	m ior						
₩ [alendar year or	mzanoms	return for.										
	X tax year beginning OCT 1, 2020	an	d endingSEP 30, 2021										
	tax year beginning	, an	d ending		-								
2 If the	e tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return F	inal retur	'n								
=	Change in accounting period	icon rease	intarretarr 1	inai retur									
	Than go in decounting period												
3a If thi	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less										
	nonrefundable credits, See instructions.	01 0000, 0	The tollative tax, jobs	3a	\$		0 .						
	s application is for Forms 990-PF, 990-T, 4720, or 6069.	enter any	refundable credits and	1 50									
	nated tax payments made. Include any prior year overpa	,		3b	s		0.						
	nce due. Subtract line 3b from line 3a. Include your pa												
	g EFTPS (Electronic Federal Tax Payment System). See	•		3с	\$		0 .						
Caution: I	f you are going to make an electronic funds withdrawal s.	(direct deb	oit) with this Form 8868, see Form 84	53-EO an	d Form 887	9-EO for	payment						
HA Fo	r Privacy Act and Paperwork Reduction Act Notice	see instru	ctions		Form	ASES (P.	v 1.2020\						

023841 04-01-20

For	nrt III Statement of Program S		94-124130	9 Page 2
		response or note to any line in this Part III		х
1	Briefly describe the organization's mis	ssion:		
	SEE SCHEDULE O			
	·			
2	Did the organization undertake any sig	gnificant program services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?		[Yes X No
3	If "Yes," describe these new services			Yes X No
3	If "Yes," describe these changes on S	g, or make significant changes in how it conduct	:s, any program services?	Yes No
4		ervice accomplishments for each of its three lar	gest program services, as measured by ext	oenses.
		zations are required to report the amount of grar		
	revenue, if any, for each program serv	ice reported.		
4a	(Code:) (Expenses \$		0.) (Revenue \$	707,039.)
	MULTIPLATFORM CONTENT - NEWS	, ARTS AND SCIENCE: SEE SCHEDULE O		
	-			
4b	(Code:) (Expenses \$	15 , 495 , 995 . including grants of \$	0 •) (Revenue \$	1,859,213.
	TELEVISION: SEE SCHEDULE O			
	-			
4c	(Code:) (Expenses \$	8 , 589 , 425 including grants of \$	0 > /-	7,619,903.)
46	FM RADIO: SEE SCHEDULE O	including grants of \$	0 . (Revenue \$	7,019,903.
	y			
				
4d	Other program services (Describe on S	•		
4-			·) (Revenue \$ 1,926,083.)	
4e	Total program service expenses	59,229,680.		Form 990 (2020)
				rorm 330 (2020)

09300803 153424 0196238-00001

Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A _____ X Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 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 during the tax year? If "Yes," complete Schedule C, Part II X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V Х 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX х 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

19

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States?

1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Х

Х

Х

Х

Х

Х

х

Х

13

14a

14b

15

16

18

19

20a

17 X

Forr	n 990 (2020) KQED INC. 94-1241	309	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
	Dilli	_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	000		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	_	<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04=		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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			v
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	<u> </u>
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
37	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		Ĥ
٠,	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?	0,		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	U		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		х	
032004	tgamoling) withings to prize winners?	1c Form	1557	(2020)
	THE MAN WAY	I OHIO		الاعلاء

Forn	1990 (2020) KQED INC. 94-124130	9	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	201 21		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 535			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	v	—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.			ш
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
- b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
а Ь				
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		\neg
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
ű	Note: See the instructions for additional information the organization must report on Schedule O.	ISA		
ь	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			
14a	Did the americal in the second	14a		×
	If "Vog " has it filed a Favo 700 to war at the analysis of the same of the sa	14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-	_
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	19		$\overline{}$
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.	10		
		Form	990	(2020)

KQED INC. Form 990 (2020) 94-1241309 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 29 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 on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 29 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? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? х 5 6 Did the organization have members or stockholders? Х 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? х 8a **b** Each committee with authority to act on behalf of the governing body? х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a **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 Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? х 13 14 Did the organization have a written document retention and destruction policy? х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a b Other officers or key employees of the organization 15b Х 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? х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MITZIE KELLEY - (415) 864-2000 2601 MARIPOSA STREET, SAN FRANCISCO, CA 94110

032006 12-23-20

Form 990 (2020)

(F)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(B)

- 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.

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

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

Name and title	Average hours per week	box offi	not o , unle	Pos heck ss pe	rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
<u> </u>	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL ISIP PRESIDENT AND CEO	60.00	-		_						
(2) ELIZABETH SEIRMARCO	0,00	H	H	Х	_	⊢	Н	469,376.	0.	37,403
LOCAL MARKETING DIRECTOR	55,00	1				x	П	310 053		40 647
(3) SARAH SAWYER	50.00	-	-		Н	┝	Н	310,852.	0.	42,647.
LOCAL MARKETING DIRECTOR	0,00					x		316,209.	0.	10,383.
(4) MARIA MILLER	50.00		Н			H	Н		-	10,000.
CHIEF ADMIN OFFICER	0.00				x			269,546.	0.	42,066.
(5) HOLLY KERNAN	55,00	П					П			
CHIEF CONTENT OFFICER	0.00				х			269,487.	0.	27,749.
(6) MITZIE KELLEY	42.00	П								
CHIEF FINANCIAL OFFICER	0.00			х				266,446.	0.	23,093.
(7) DELINDA MROWKA	50.00				Г	П	П			
CHIEF AUDIENCE OFFICER	0.00				х			271,976.	0.	12,988.
(8) WILLIAM LOWERY	45.00									
GENERAL COUNSEL & CORP SECRETARY	0.00			х				256,768.	0.	25,194.
(9) LESLEY GROSSBLATT	40.00									
CHIEF PRODUCT OFFICER	0.00				х			248,912.	0.	25,505.
(10) GEORGANNA KELLY	60.00									
VP DEVELOPMENT	0,00			_	х			251,334.	0.	20,367.
(11) JASON BRENNEMAN	48,00						Н		-114	
VP, CHIEF STAFF & SPECIAL OPS	0,00	Щ		_	х	_	\Box	220,448.	0.	26,263
(12) DAVID HANSEN	55.00				1					
EXEC DIR., MEDIA OPS & FACILITIES (13) TIM OLSON	0,00	-		-		х	\dashv	223,637.	0 .	21,857.
SVP STRATEGIC DIGITAL PARTNERSHIPS	50.00							045 040		25.422
(14) JOHN REILLY	0.00	_	\vdash	\dashv	х	Щ	\dashv	217,919.	0.	26,138
EXEC DIRECTOR IT & ENTERPRISE SYST	50.00					v		106 411		10 404
(15) MICHAEL KRASNY	40.00		\dashv	\dashv		Х		196,411.	0.	18,401
(, MICHMIN MADNI	40.00		 	- 1						

BOARD CHAIR 032007 12-23-20

HOST FORUM

(17) HANK BARRY

(16) MARIANNE MURPHY

Form 990 (2020)

0

0

0.

0.00

55.00

0.00

0.00

10.00

MEMBER GENEROSITY & AUD, INTEL

197,100

175,185

0.

8,977.

8,511.

Form 990 (2020) KQED INC.		_							94-124130	9 Page
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Hi	ghe	st C	ompensated Employee	s (continued)	
(A)	(B)			- (0	C)			(D)	(E)	(F)
Name and title	Average	ído		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s bott	h an	compensation	compensation	amount of
	week (list any		00, 21		I BOTO	171108	1	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trustee or director	eee			sated		(W-2/1099-MISC)	(VV-2/1099-WIGC)	organization
	organizations	truste	al trus		a A	шреп		(11 2, 1000 (11100)		and related
	below	ndividual	Institutional	<u></u>	mplo	est co	<u></u>			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) ANNE AVIS	0.90									
COMMITTEE CHAIR	0,00	х						0.	0.	0.
(19) ALEXANDRA VAN HELDEN	1.10									
COMMITTEE CHAIR & EXEC COMMITTEE	0.00	х		Х				0.	0,	0.
(20) BRIAN CHEU	1,10									
COMMITTEE CHAIR/EXEC COMMITTEE/TREAS	0,00	х		х				0,	0.	0.
(21) CAMILLA SMITH	0,90						П			
COMMITTEE CHAIR	0.00	Х						0.	0.	0.
(22) JOHN BUOYMASTER	1,10						П			
COMMITTEE CHAIR & EXEC COMMITTEE	0.00	х						0.	0 .	0.
(23) MEG GARLINGHOUSE	0.90									
COMMITTEE CHAIR	0.00	х						0.0	0.	0.
(24) MIKE BLACH	0.90									
COMMITTEE CHAIR	0.00	х						0.	0 👍	0.
(25) NANCY SERRURIER	1.10									
COMMITTEE CHAIR & EXEC COMMITTEE	0.00	Х		х				0 .	0	0.
(26) RAJ PHERWANI	0.90									
COMMITTEE CHAIR (THRU 01/21)	0,00	х						0.	0 .	0.
1b Subtotal	**********							4,161,606.	0 🐷	377,542.
c Total from continuation sheets to Part VII	, Section A				*****	*****		0.	0.	0.
d Total (add lines 1b and 1c)							▶	4,161,606.	0	377,542.
2 Total number of individuals (including but no							o re	ceived more than \$100,0	000 of reportable	· · · · · · · · · · · · · · · · · · ·
compensation from the organization										144

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAHILL CONTRACTORS LLC, 425 CALIFORNIA ST,		
SUITE 2200, SAN FRANCISCO, CA 94104	CONSTRUCTION SERVICES	30,565,719.
RSM US LLP	INTACCT/ADAPTIVE	
5155 PAYSPHERE CIRCLE, CHICAGO, IL 60674	IMPLEMENTATION	519,012.
TTWN MEDIA NETWORKS LLC, 62301 COLLECTION		
CENTER DRIVE, CHICAGO, IL 60693	TRAFFIC SVCS/RADIO AFFILIATES	335,400.
GEORGE DIAZ - WEBMOCHA LLC		
400 CONCAR DRIVE, SAN MATEO, CA 94402	DEVELOPMENT OPERATIONS AUGME.	270,380.
DAVIS WRIGHT TREMAINE LLP, 920 FIFTH		
AVENUE, SUITE 3300, SEATTLE, WA 98104	PROFESSIONAL SERVICES/LEGAL	265,904.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization \$9		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

032008 12-23-20

Part VII Section A. Officers, Directors, Tru	Istees, Key E	Inpl	oyee	s, a	nd F	ngn	est	Compensated Employe	ees (continued)	(E)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Ι,			ition			Reportable	Reportable	Estimated
	hours per	100	heck	all	tnat	арр Т	iy)	compensation from	compensation from related	amount of other
	week	1			П	98		the	organizations	compensation
	(list any	į				employee		organization	(W-2/1099-MISC)	from the
	hours for	or director				ed er		(W-2/1099-MISC)	,	organization
	related	shee o	rustee			ensal				and related
	organizations	Individual trustee	Institutional trustee		етрюуев	Highest compensated				organizations
	below	ividus	titutic	Officer	/ ешр	hest	Former			
	line)	Ē	in Si	#0	Key	훒	Ē			
(27) SHADI ELKARRA	1,10	1								
COMMITTEE CHAIR/NOMINATING COMMITTEE	0.00	Х	Ш					0.	0 *	
(28) TOM CHAVEZ	0.70									
BOARD MEMBER	0.00	х						0.	0.	
(29) EDWARD LICHTY	0.90									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	
(30) JAIME STUDLEY	0.90									
EXECUTIVE COMMITTEE	0,00	x						0,	0.	
(31) SIMONE OTUS COXE	0.90									
EXECUTIVE COMMITTEE	0.00	х						0.	0.	
(32) STEVE BOCHNER	0.90		П							
EXECUTIVE COMMITTEE	0.00	x	П					0.	0	
(33) JEN MCCLURE	0.90		П		\neg					
NOMINATING COMMITTEE	0.00	x	Н					0.	0.0	
(34) JULIA LOPEZ	1,10	Т	\vdash							
NOMINATING COMMITTEE & EXEC COMMITTE	0,00	x	ш					0.	0.	(
(35) MARK PERRY	0,90		Н		П					
NOMINATING COMMITTEE	0.00	x						0.	0	(
(36) NANCY FARESE	0.90		Н	\neg		-	-	-		
NOMINATING COMMITTEE (THRU 01/21)	0,00	x	Н		U			0.	0	
(37) SANJAY VASWANI	0.70		Н	-	-	-	-	• • • • • • • • • • • • • • • • • • • •	0.	
BOARD MEMBER	0.00	x						0.	0.	3
(38) ANNIE JEAN-BAPTISTE	0.70	-	Н	\neg	-	-	_	0.	٠.	.,
BOARD MEMBER	0.00	x						0.	0.	(
(39) CARLA JAVITS	0.70	Α.	Н	-	-	-	-	9.	0.	
BOARD MEMBER	0.70	x	ΙI					0.	0	,
(40) JAMES CHAM	0.70	<u> </u>	\vdash	-	\dashv	\dashv	-	0,	0.	(
BOARD MEMBER	0.70		H	- 1				0		
		х	Н	\dashv	\dashv	-	-	0.	0.	
(41) JENNIFER CABALQUINTO	0.70		ΙI	ı						_
		х	Н	-		_		0,	0.	(
(42) KAREN EDWARDS	0,70								(20)	
SOARD MEMBER	0.00	Х	Н	-	_	_		0.	0.	(
(43) LISA SOBRATO SONSINI	0.70							>		
BOARD MEMBER	0.00	Х	Ш	_	_	_	_	0.	0.	
44) MALLUN YEN	0.70								1200	
BOARD MEMBER		x	Ц		_	_		0.	0.	C
(45) MATTHEW ZINN	0.70									
BOARD MEMBER	0.00	х	Ш					0 .	0.	(
46) NADIA ROUMANI	0.70									
BOARD MEMBER	0.00	х		- 1	- 1	- 1	- 1	0.	0.	C

Part VII Section A. Officers, Directors,	rustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average hours	(c			ition that		ılv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organization
47) NAVEEN CHOPRA	0.70	Г					Г			
OARD MEMBER	0.00	х						0.	0.	
48) ROSELYNE SWIG	0.70									
OARD MEMBER (THRU 01/21)	0.00	х						0,	0.	

			(2020) KQED INC.				94-124130	9 Page 9
Pa	rt \	///						
-		_	Check if Schedule O contains a response	or note to any line	in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
\$ £	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants		b	Membership dues 1b					
S, G		С	Fundraising events 1c					
Giff			Related organizations 1d					
ns,			Government grants (contributions) 1e	16,582,108.				
oiti o		f	All other contributions, gifts, grants, and	01 000 303				
ğ			similar amounts not included above If	81,998,302. 6,283,978.				
lo di		-	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f	0,203,376.	98,580,410.			
0.0		11	Total, Add lines 1a-11	Business Code	30,300,110,			
o	2	а	UNDERWRITING	516100	11,601,932.		1,898,824.	9,703,108
Z		b	PROGRAM SALES	516100	434,047.	434,047.		
Se		С	PRESENTING STATION FEE	516100	47,000.	47,000.		
am		d	SERVICE CONTRACTS	516100	8,000.	8,000.		
Program Service Revenue	1	е	PRODUCTION REVENUE	516100	2,000.	2,000.		
<u> </u>		f	All other program service revenue					
	_		Total. Add lines 2a-2f	>	12,092,979.			
	3		Investment income (including dividends, intere		2 224 252			
	١.		other similar amounts)		3,024,852.			3,024,852,
	4		Income from investment of tax-exempt bond p		585,016.			585,016,
	5		Royalties (i) Real	(ii) Personal	303,010.			383,010,
	6	2	Gross rents 6a 98,584.	(ii) i cicoriai				
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 98,584.					
		d	Net rental income or (loss)		98,584.	*		98,584.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 39,093,779.					
		b	Less: cost or other basis					
une			and sales expenses 7b 38,005,396.					
e			Gain or (loss) 7c 1,088,383.		1 000 000			
ther Revenue			Net gain or (loss)	, >	1,088,383.			1,088,383,
the	8	а	Gross income from fundraising events (not including \$ of	1				
٥			contributions reported on line 1c). See	l 1				
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	b				
			Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns					
- 1			and allowances 10a					
			Less: cost of goods sold					
-		С	Net income or (loss) from sales of inventory					
S	44	_	LEGAL SETTLEMENTS	Business Code 900099	186,236.			186,236.
Miscellaneous Revenue	11 :	_	RECOVERY OF BAD DEBT	900099	75,987.			75,987
ella		_	ADVERTISING REVENUE	900099	53,432.	-	53,432.	73,507
Be		-	All other revenue	900099	92,941.	19,259.	,	73,682.
Σ			Total. Add lines 11a-11d		408,596.	, , , ,		
	12		Total revenue, See instructions		115,878,820.	510,306.	1,952,256.	14,835,848.
032009	12-2							Form 990 (2020

Form 990 (2020) KQED INC. Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		010000000000000000000000000000000000000
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,213,578,	711,326.	1,720,473.	781,779.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,460,862.	23,433,921.	5,692,317.	6,334,624.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	403,810.	270,912.	63,495	69,403.
9	Other employee benefits	7,714,758.	5,030,769.	1,399,175.	1,284,814.
10	Payroll taxes	3,357,120.	2,132,235.	620,708.	604,177.
11	Fees for services (nonemployees):				
а					
b	-	319,825.	17,360.	286,837.	15,628.
С	Accounting	141,777.		141,777	
d		52,540.	52,540.		
е	Professional fundraising services. See Part IV, line 17	1,917,438.		251 151	1,917,438.
f	Investment management fees	321,474.		321,474.	
g	,	4 204 554	2 222 676	B04 040	4 0=0 040
	column (A) amount, list line 11g expenses on Sch O.)	4,304,551.	2,230,676.	701,812.	1,372,063.
12	Advertising and promotion	803,378.	680,881.	35,019.	87,478.
13	Office expenses	3,595,650.	1,739,297.	398,244.	1,458,109,
14	Information technology	3,099,984.	2,235,403.	371,858.	492,723.
15	Royalties	125,495.	122,155.	E2E 022	3,340.
16	Occupancy	5,455,801.	4,364,947.	535,833.	555,021.
17	Travel	76,935.	62,359.	10,091.	4,485.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	30,256.	23,659.	4,675.	1 022
19	Conferences, conventions, and meetings	60,030.	23,039.	60,030.	1,922.
20 21		00,030.		60,030	
21	Payments to affiliates Depreciation, depletion, and amortization	6,979,539.	5,182,494.	1,005,674.	791,371.
23		292,967.	215,675.	41,136	36,156.
23 24	Other expenses. Itemize expenses not covered	252,501.	213,073.	41,130.	20,130.
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROG. ACQ. & DUES	9,917,976	9,798,815.	93,480.	25,681.
Ь	MEMBERSHIP & DONOR PREM	1,605,682.	75.	1,463.	1,604,144.
c	AUDIENCE RSRCH & AUDIO	1,009,168.	757,150.	63,470.	188,548.
d	AGENCY FEES	362,758.		,	362,758
e	All other expenses	467,348.	167,031.	75,420.	224,897.
25	Total functional expenses. Add lines 1 through 24e	91,090,700.	59,229,680.	13,644,461.	18,216,559.
26	Joint costs. Complete this line only if the organization		• • • •		
	reported in column (B) joint costs from a combined	1	I		
	educational campaign and fundraising solicitation.	1			
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Form 990 (2020)

Form 990 (2020) Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in	this Part X	*************	*****	*******************
_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		900.	1	900.
	2	Savings and temporary cash investments		73,945,731.	2	55,446,478.
	3	Pledges and grants receivable, net		14,763,825.	3	12,370,045.
	4	Accounts receivable, net	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,542,971.	4	2,868,444.
	5	Loans and other receivables from any current or former officer	, director,			
		trustee, key employee, creator or founder, substantial contribu	itor, or 35%			
	1	controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (a	s defined			
		under section 4958(f)(1)), and persons described in section 495	1 / / / / / / / / / / / / / / / / / / /		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		308,140.	8	218,801.
ä	9	Prepaid expenses and deferred charges		3,476,347.	9	3,407,557.
	10a	Land, buildings, and equipment: cost or other				
	1	basis. Complete Part VI of Schedule D 10a	154,256,985.			
	b	Less: accumulated depreciation 10b	41,284,790.	75,002,701.	10c	112,972,195.
	11	Investments - publicly traded securities		130,346,371.	11	148,007,488.
	12	Investments - other securities. See Part IV, line 11		489,882.	12	944,594.
	13	Investments program related Cas Dart IV list 44			13	
	14	Intangible assets		1,914,134.	14	1,828,061.
	15	Other assets. See Part IV, line 11		46,193.	15	49,837.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		304 837 195	16	338,114,400.
	17	Accounts payable and accrued expenses		21,586,419.	17	16,061,687.
	18	Grants payable			18	
	19	Deferred revenue	33334334444444444	711,772.	19	2,691,973.
	20	Tax-exempt bond liabilities			20	"
	21	Escrow or custodial account liability. Complete Part IV of Sche			21	
s,	22	Loans and other payables to any current or former officer, direct				
Liabilities		trustee, key employee, creator or founder, substantial contribu	tor, or 35%			
abi		controlled entity or family member of any of these persons			22	
Ξ	23	Secured mortgages and notes payable to unrelated third partie	es		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relate	ed third			
		parties, and other liabilities not included on lines 17-24). Comp	lete Part X			
		of Schedule D		16,127,703.	25	8,972,411,
	26	Total liabilities. Add lines 17 through 25		38,425,894.	26	27,726,071.
		Organizations that follow FASB ASC 958, check here	X			
Ces		and complete lines 27, 28, 32, and 33.				
an	27	Net assets without donor restrictions	***************************************	195,463,490.	27	251,341,256.
Ba	28	Net assets with donor restrictions		70,947,811.	28	59,047,073.
Ę		Organizations that do not follow FASB ASC 958, check here	. ▶			
Net Assets or Fund Balance:		and complete lines 29 through 33.				
c s	29	Capital stock or trust principal, or current funds			29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund	*******************************		30	
t As	31	Retained earnings, endowment, accumulated income, or other			31	
Se	32	Total net assets or fund balances		266,411,301.	32	310,388,329.
	33	Total liabilities and net assets/fund balances		304,837,195.	33	338,114,400.

Form 990 (2020)

	1990 (2020)	74 12417	-	Pag	ge 🕰
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI			.000	
4	Total revenue (must equal Part VIII, column (A), line 12)	1	115	878	820
2	Tatalana and Carlotte and Data (A) It and	2		090	
3	Parama has a survey of the Alba O.S. B. d.	3		788	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		411,	
5	Net unrealized gains (losses) on investments	5		183	
6	Donated services and use of facilities	6			000.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	310	388,	329.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			10000 E	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	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 require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2020)

COPY - DO NOT FILE

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.

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

2020

Open to Public Inspection

Name of the organization Employer identification number 94-1241309 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other ing document? Your gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 KQED INC. Part II Support Schedule for Organization Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and					31201	700
	membership fees received. (Do not						
	include any "unusual grants.")	65,525,980.	66,991,558.	93,393,756.	82,468,363.	98,580,410.	406,960,067.
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	65,525,980.	66,991,558.	93,393,756.	82,468,363.	98,580,410.	406,960,067,
	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)						9,748,414.
6	Public support. Subtract line 5 from line 4.						397,211,653.
	ction B. Total Support						************
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	65,525,980.	66,991,558.	93,393,756.	82,468,363.	98,580,410,	406,960,067.
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,051,247.	3,543,814.	4,863,855.	5,088,082.	3,708,452.	19,255,450.
9	Net income from unrelated business						
Ť	activities, whether or not the						
	business is regularly carried on		Y .				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	95,583,054.	349,378	228,530.	366,919.	335,905.	96,863,786.
11	Total support. Add lines 7 through 10					, , , , ,	523 079 303.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	71,654,915.
	First 5 years. If the Form 990 is for the	,		ourth or fifth tax v			
	organization, check this box and stop		e e e e e e e e e e e e e e e e e e e	odian, or man tax y	our do a ocolion o	31(0)(0)	
Sec	tion C. Computation of Public	Support Per	centage				
	Public support percentage for 2020 (lii			olumn (fl)		14	75.94 %
	Public support percentage from 2019					15	74.34 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a					*******************	, T
b	33 1/3% support test - 2019. If the o		=				
	and stop here. The organization quali	fies as a publicly su	upported organizat	ion			•
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more.
	and if the organization meets the facts						
	meets the facts-and-circumstances tes						_
b	10% -facts-and-circumstances test				0.00000		
•	more, and if the organization meets the						. 5,001
	organization meets the facts-and-circu						annua nuara Mari
18	Private foundation. If the organization						easterners.
-	The state of the s	. a.a riot officer a D	on on mio 10, 10a	, JD, 11 a, 01 17D,	CHOCK HIS DUX 4	ia see matruettoris	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 KQED INC. 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		1-7	1-7	1 1-1	197-0-0	117 10 1011
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	' ·						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						I
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
	50.51						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and			ll l			
	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						
C	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	annuised offer lives OD 4075						
	acquired after June 30, 1975						
_ C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's fir	st. second, third, f	ourth, or fifth tax v	vear as a section 5	01(c)(3) organizatio	
	check this box and stop here	-			your as a section o		
Sec	tion C. Computation of Public						
	Public support percentage for 2020 (lin		A STATE OF THE STA	olumn (fl)		15	9/
	Public support percentage for 2020 (iii			Oldifili (i))			%
	tion D. Computation of Invest					16	<u>%</u>
				- 40 . 1 . (n)		1	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2020. If the c						' is not
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2019. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	did not check a t	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	
0000	0.04.05.04				0.1	A (F 000	000 FT) 0000

Schedule A (Form 990 or 990-EZ) 2020

94-1241309

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

	1		
	2		
	3a		
- B	3b		_
	3c		
	4a		·
	7		
	4b		
	4c		
	5a		
	5b		_
	5c		_
	- 50		
	6		
	7		
	8		
	9a		
1			
	9b		
	30	-	
	_		-
	9c	-	
	10a		
	10b		
m 9	90 or 99	0-EZ)	2020

Page 5

Pa	rt IV Supporting Organizations (continued)			_
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b	-	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sac	detail in Part VI. Stion B. Type I Supporting Organizations	11c		
300	ador B. Type i Supporting Organizations		. I	
1	Did the governing heady members of the governing heady officers extinct in their efficient constitutions in the second section of the government of the gove		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			\neg
_	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	1	_
Sec	tion C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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	-		
500	supported organizations played in this regard.	3		
	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 year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b 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	100		_
ь.	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, 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	2h		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	58		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Tes, describe in Fest the role played by the organization in this redard.			_

COMPONENTS.	edule A (Form 990 or 990 EZ) 2020 KQED INC.			94-1241309 Page
1	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying the control of the Integral Part Test as a qualifying the control of the Integral Part Test as a qualifying the control of the Integral Part Test as a qualifying the control of the Integral Part Test as a qualifying the Integr	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sec	All other Type III non-functionally integrated supporting organizations mustion A - Adjusted Net Income	st complete S	Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Page delication of the control of th	5		
6	Portion of operating expenses paid or incurred for production or			
Ü	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		
	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 0.015 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 0.035.	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 0.85 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			

Schedule A (Form 990 or 990-EZ) 2020

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

emergency temporary reduction (see instructions).

ect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
1	Carryover from 2015 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A PART II LINE 10 EXPLANATION FOR OTHER INCOME: PARKING REVENUE 2016 AMOUNT: \$ 123,945. 2017 AMOUNT: \$ 119,428. 2018 AMOUNT: \$ 96,874. 0. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 0. SPECTRUM AUCTION 2016 AMOUNT: \$ 95,459,109. 2017 AMOUNT: \$ 2018 AMOUNT: \$ 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ MISCELLANEOUS REVENUE 2016 AMOUNT: \$ 2017 AMOUNT: \$ 210,493. 2018 AMOUNT: \$ 123,152. 2019 AMOUNT: \$ 316,386. 2020 AMOUNT: \$ 63,681. LIST SALES 2016 AMOUNT: \$ 0. 2017 AMOUNT: \$ 19,457. 2018 AMOUNT: \$ 8,504. 2019 AMOUNT: \$ 50,533.

2020.06000 KQED INC.

Schedule B

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

Department of the Treasury Internal Revenue Service

COPY - DO NOT FILE Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

KQED INC.

Employer identification number

94-1241309

Organization type (check or	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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.

For an organization described in section 501(c)(7), (8), or (10) filling 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, 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 B (Form 990, 990-EZ, or 990-PF), 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).

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) (2020)

	rganization	Emp	loyer identification num
ED INC	•		94-1241309
art I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$7,457,407.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions
a) o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions

vame or or	ganization		Employer identification numb
QED INC			94-1241309
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	Let
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
3		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
_		\$_	

Name of organ	ization			Employer identification number
QED INC.	xclusively religious, charitable, etc., contribu	liana ta avanninatiana dacarihad in	000tion F04/pV7\ (0)	94-1241309
fre	om any one contributor. Complete columns (a sympleting Part III, enter the total of exclusively religious, lse duplicate copies of Part III if additional	 a) through (e) and the following line of charitable, etc., contributions of \$1,000 or 	entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
- =				
		(e) Transfer of g	ift	
0	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee
a) No.			_	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
-		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee
= =				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
		(e) Transfer of g		
=	Transferee's name, address, a	nd ZIP + 4	Helationship o	f transferor to transferee
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
_=				
		(e) Transfer of g	ft	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

COPY - DO NOT FILE

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

Section	501(c)(4), (5), or (6) organiza	ations: Complete Part III			
Name of org		Mond. Complete Fart III.		Emp	loyer identification numbe
	KQED INC.				94-1241309
Part I-A		ganization is exempt und	er section 501(c)	or is a section 527 or	
2 Politica		zation's direct and indirect politic	cal campaign activities		
Part I-B	Complete if the or	ganization is exempt und	er section 501(c)	(3).	
1 Enter th		incurred by the organization und			<u> </u>
2 Enter th	ne amount of any excise tax	incurred by organization manag	ers under section 4955		
		on 4955 tax, did it file Form 4720			Yes No
4a Was a	correction made?			111.111.111.111.1111.1111.1111.1111.1111	Yes No
b If "Yes,	" describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt und	er section 501(c),	except section 501(c	:)(3).
1 Enter th	ne amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities	<u> </u>
2 Enter th	ne amount of the filing orgar	nization's funds contributed to ot	her organizations for s	ection 527	2
exempt	function activities				S
		s. Add lines 1 and 2. Enter here a		1	
line 17b				> \$	
4 Did the	filing organization file Form	1120-POL for this year?	***********************		Yes No
		nployer identification number (El			
made p	ayments. For each organiza	ation listed, enter the amount paid	d from the filing organiz	zation's funds. Also enter the	e amount of political
		omptly and directly delivered to a additional space is needed, prov			e segregated tund or a
Political		T .		<u> </u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization 501(h)).	anization is exen	npt under section	n 501(c)(3) and filed		ection under
A Check ▶ if the filing organizat expenses, and share	e of excess lobbying e	expenditures).	n Part IV each affiliated g	roup member's nam	ne, address, EIN,
Limit	s on Lobbying Expe	nd "limited control" pro nditures nts paid or incurred.	100000	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influ Total lobbying expenditures to influ Total lobbying expenditures (add line)	ence a legislative bod	y (direct lobbying)			
d Other exempt purpose expenditure e Total exempt purpose expenditures	(add lines 1c and 1d				
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		bying nontaxable am	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000		0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
Subtract line 1g from line 1a. If zero Subtract line 1f from line 1c. If zero If there is an amount other than zero reporting section 4911 tax for this y (Some organizations the	or less, enter -0- o on either line 1h or l ear? 4-Year Ave at made a section 50	raging Period Under	ation file Form 4720 Section 501(h) have to complete all of	the five columns b	Yes No elow.
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount 					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(i	b)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
C	**************************************		Х		
d			Х		
е			Х		
f	Grants to other organizations for lobbying purposes?		Х		
g		Х			6,943.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			52,540.
i	Other activities?		Х		
j	Total. Add lines 1c through 1i				59,483.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is
	answered "Yes."		(2)	,	0, .0
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	nal			
_	expenses for which the section 527(f) tax was paid).	Jui			
а	Current year		2a		
h	Carryover from last year		2b		
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		····		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
5	expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)		4		
Par	t IV Supplemental Information	************	5		
_	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liet\: Dort II	A lines 1 s	nd 2 (Soc	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	nst, rait in	A, III 105 I al	14 2 (566	
	! II-B, LINE 1, LOBBYING ACTIVITIES:				
AID	STAFF OR MANAGEMENT:				
HE	DIRECTOR OF MARKETING AND COMMUNICATIONS SPOKE WITH LEGISLATORS TO				
oisc	USS FEDERAL FUNDING FOR PUBLIC MEDIA.				
LRE	CT CONTACT:				

032043 12-02-20

COPY - DO NOT FILE

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

KOED INC.

Employer identification number

94-124130

Pa	art I Organizations Maintaining Donor Advised F		or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised failes	(b) I unds and other accounts
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 writi	ng that the assets held in donor advis	ed funds
Ü	are the organization's property, subject to the organization's excl	•	
6	Did the organization inform all grantees, donors, and donor advis		
Ū	for charitable purposes and not for the benefit of the donor or do	0 0	•
		nor advisor, or for any other purpose	_
Pa	art II Conservation Easements. Complete if the organi		
1	Purpose(s) of conservation easements held by the organization (or		
	Preservation of land for public use (for example, recreation		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	100000000000000000000000000000000000000		
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year >		
4	Number of states where property subject to conservation easeme	ent is located -	
5	Does the organization have a written policy regarding the periodic	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hole		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	dling of violations, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	tion easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above sa		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	·	
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial stateme	ents that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Ar	t Historical Transuras ar Ot	har Cimilar Assats
T al	Complete if the organization answered "Yes" on Form 990	T. 2.	ner Sillilar Assets.
10	If the organization elected, as permitted under FASB ASC 958, no		nd halanaa ahaat wadda
10	of art, historical treasures, or other similar assets held for public e	'	
	service, provide in Part XIII the text of the footnote to its financial		•
ь.	If the organization elected, as permitted under FASB ASC 958, to		
D	art, historical treasures, or other similar assets held for public exh		
	provide the following amounts relating to these items:	ibition, education, or research in furtr	erance of public service,
			Φ
	(ii) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X		h .
2	If the organization received or held works of art, historical treasure	on or other similar appets for financia	20100011001
~			i gairi, provide
а	the following amounts required to be reported under FASB ASC 9 Revenue included on Form 990, Part VIII, line 1.	-	• •
a h			
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2020

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		1,269,691.		1,269,691.		
b Buildings		87,844,569.	9,066,585.	78,777,984.		
c Leasehold improvements		3,430,406.	3,032,361.	398,045.		
d Equipment		61,712,319.	29,185,844.	32,526,475.		
e Other						
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colun	nn (B), line 10c.)	>	112,972,195.		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITIONS AND

THE CORPORATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 KQED INC.	94-1241309	Page 5
Part XIII Supplemental Information (continued)		
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN		
UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS		
IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION		
WERE TO BE CHALLENGED BY A TAXING AUTHORITY, THE ASSESSMENT OF THE TAX		
POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT		
REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.		
THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)		
OF THE INTERNAL REVENUE CODE ("IRC"), THOUGH IT IS SUBJECT TO TAX ON		
INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE		
EXCLUDED BY THE IRC. THE CORPORATION HAS ALSO BEEN RECOGNIZED BY THE		
FRANCHISE TAX BOARD AS AN ORGANIZATION THAT IS EXEMPT FROM INCOME TAX		
PURSUANT TO CALIFORNIA REVENUE AND TAX CODE SECTION 23701D ON ITS INCOME		
OTHER THAN THE UNRELATED BUSINESS INCOME. THE CORPORATION HAS PROCESSES		
PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO		
IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX		
OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS, AND TO IDENTIFY AND		
EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE		
CORPORATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX		
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL		
STATEMENTS.		
PART KI, LINE 4B - OTHER ADJUSTMENTS:		
REVENUE INCLUDED ON FINANCIALS BUT NOT FORM 990		
LOSS ON INVESTMENT RECLASSED FROM EXPENSES -2,928.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
EXPENSES INCLUDED ON FINANCIALS BUT NOT FORM 990		

Schedule D (Form 990) 2020 KQED INC.		94-1241309	Page !
Schedule D (Form 990) 2020 KQED INC. Part XIII Supplemental Information (continued)			- Arrighteen
LOSS ON INVESTMENT RECLASSED FROM EXPENSES	2,928.		
	2,520.		
			_

SCHEDULE G

(Form 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.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number KOED INC. 94-1241309 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) MAL WARWICK & ASSOCIATES Yes No INC. - 2550 NINTH STREET, #3 DIGITAL FUNDRAISING Х 8,567,471 1,883,735 6,683,736. GORDON & SCHWENKMEYER, INC. -TEXT SOLICITORS & 20300 S. VERMONT AVE. SUITE NECESSARY CLERICAL SUPPORT х 46,576 33,703 12,873. Total 8,614,047. 1,917,438, 6,696,609. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, ND, NH, NJ, NM, NV, NY OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990 or 990-EZ) 2020

SEE PART IV FOR CONTINUATIONS

032081 11-25-20

032082 11-25-20

b If "No," explain:

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

9 Enter the state(s) in which the organization conducts gaming activities:

No

No

Sch	edule G (Form 990 or 990-EZ) 2020 KQED INC.	1-1241309	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Υ Υ	es No
12	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?	Υ	es No
13	Indicate the percentage of gaming activity conducted in:	es.	
	The organization's facility	13a	%
b	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[.00]	770
	Name Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
U			
_	of gaming revenue retained by the third party \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	DULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: MAL WARWICK & ASSOCIATES, INC.		
,_,			
(I)	ADDRESS OF FUNDRAISER: 2550 NINTH STREET, #3, BERKELEY, CA 94710		
_			
(T)	NAME OF FUNDRAISER, CORDON & SCHWENDWEVER THE		
(± /	NAME OF FUNDRAISER: GORDON & SCHWENKMEYER, INC.		
(I)	ADDRESS OF FUNDRAISER:		
_			
2030	0 S. VERMONT AVE. SUITE 210, TORRANCE, CA 90502		
(II)	ACTIVITY: TEXT SOLICITORS & NECESSARY CLERICAL SUPPORT FOR FUNDRAISING		

Schedule G	(Form 990 or 990-EZ)	KQED INC.	94-1241309	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	mation (continued)		
-				
-				
_				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

COPY - DO NOT FILE Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KQED INC.

Part I Questions Regarding Compensation

Employer identification number 94-1241309

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the boyes on line to are absolved wild the appropriation follows with a self-way of the self-way.			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		-
~	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III,			
	Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,			
	O-live - No. 104/ No. 104/ No. 104/ No.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		x
b	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

032111 12-07-20

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

Schedule J (Form 990) 2020

94-1241309

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

KQED INC.

Schedule J (Form 990) 2020

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(j)(a)	in column (B) reported as deferred on prior Form 990
(1) MICHAEL ISIP	Ξ	401,600.	67,500.	276.	10,139.	27,264.	506,779.	0
볐	⊞	0.	.0	.0	0	.0		0
(2) ELIZABETH SEIRMARCO	Ξ	310,326.	520.	9	10,139.	32,508.	353,499.	0.
ᆌ	0	0.	• 0	• 0	0	0	0	0.
(3) SARAH SAWYER	Ξ	314,516.	1,691.	2.	10,139.	244.	326,592.	0
IRECTOR	0	0.	• 0	0	0	0	0	0.
	ε	239,270.	30,000	276.	10,139	31,927.	311,612.	0.
F ADMIN OFFICER	(11)	0.	.0	0	0	0	0	0
	8	239,571.	29,400.	516.	10,139.	17,610.	297,236.	0.
CER	Œ	0	0	0	0	0	0	0
(6) MITZIE KELLEY	Ξ	236,971.	28,683.	792.	10,139.	12,954.	289,539.	.0
F FINANCIAL OFFICER	■	0.	.0	. 0	0	.0	0	0
	ε	242,996.	28,800.	180.	10,139.	2,849.	284,964.	0
CHIEF AUDIENCE OFFICER	8	0.	.0	.0	0	.0	0	0.
(8) WILLIAM LOWERY	Ξ	228,037.	27,664.	1,067.	9,830.	15,364.	281,962.	0
GENERAL COUNSEL & CORP SECRETARY	(1)	0.	.0	. 0	0	0.	0	0
I.	Ξ	229,532.	19,200.	180.	2,993.	22,512.	274,417.	0
CHIEF PRODUCT OFFICER	Œ	0.	.0	.0	0.	0	0	0.
(10) GEORGANNA KELLY	0	224,288.	26,770.	276.	5,749.	14,618.	271,701.	0.
VP DEVELOPMENT	1	0.	0.	.0	0.	.0	0	0.
IAN	Ξ	196,268.	24,000.	180.	8,653.	17,610.	246,711.	0
SPECIAL OPS	1	0.	0.	.0	• 0	.0	.0	.0
(12) DAVID HANSEN	Ξ	212,546.	10,815.	276.	8,029.	13,828	245,494,	.0
IA OPS & FACILITIES	▣	.0	0	.0	0.	.0	*0	.0
TIM OLSON	ε	194,019.	23,624.	276.	8,528.	17,610.	244,057	0.
SVP, STRATEGIC DIGITAL PARTNERSHIPS	Ξ	.0	0.	.0	0.	•0	*0	0.
	ε	196,135.	0.	276.	7,150.	11,251.	214,812.	.0
ENTERPRISE SYST	▣	.0	.0	.0	0.	*0	• 0	0
IICHAEL KRASNY	ε	197,100.	0	.0	7,012.	1,965.	206,077	0
	▣	0.	0	.0	0.	.0	*0	0
) MARIANNE MURPHY	Ξ	174,909.	0	276.	6,382.	2,129.	183,696.	0
VP, MEMBER GENEROSITY & AUD. INTEL	▤	0.	0	0.	0.	.0	*0	.0

Schedule J (Form 990) 2020

44

Schedule J (Form 990) 2020

Noncash Contributions

SCHEDULE M (Form 990)

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

OMB No. 1545-0047

Open to Public

94-1241309

Department of the Treasury Internal Revenue Service

Name of the organization

KQED INC.

Attach to Form 990. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of de noncash contrib	etermin	_	s
1	Art - Works of art			J		_		
2	Art - Historical treasures							_
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	х	4,523	5,070,698.	FMV			
7	Boats and planes		, i	, , , , , ,				
8	Intellectual property							
9	Securities - Publicly traded	х	147	1,203,840.	PMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PLEDGE DRIVE)	Х	6	9,440.	FMV			
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29			32	
							Yes	No
30a	During the year, did the organization receive by	contribution	any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?			********************************	<	30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	f any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related org	janizations to solic	it, process, or sell noncash				
	contributions?	**************	***************************************			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instructi	ions for Form 990		Schedule N	/ (Forn	n 990)	2020

032141 11-23-20

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

- 1	ZUZU
	Open to Public Inspection
Employer	identification number

KQED INC. 94-1241309 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KQED IS FOR EVERYONE WHO WANTS TO BE MORE. OUR TELEVISION, RADIO DIGITAL MEDIA AND EDUCATIONAL SERVICES CHANGE LIVES FOR THE BETTER AND HELP INDIVIDUALS AND COMMUNITIES ACHIEVE THEIR FULL POTENTIAL. KQED SERVES THE PEOPLE OF NORTHERN CALIFORNIA WITH A COMMUNITY-SUPPORTED ALTERNATIVE TO COMMERCIAL MEDIA, PROVIDING CITIZENS WITH THE KNOWLEDGE THEY NEED TO MAKE INFORMED DECISIONS; CONVENING COMMUNITY DIALOGUE; BRINGING THE ARTS TO EVERYONE; AND ENGAGING AUDIENCES TO SHARE THEIR STORIES, KQED HELPS STUDENTS AND TEACHERS THRIVE IN 21ST-CENTURY CLASSROOMS AND TAKES PEOPLE OF ALL AGES ON JOURNEYS OF EXPLORATION - EXPOSING THEM TO NEW PEOPLE, PLACES AND IDEAS. KQED'S VISION KQED IS REDEFINING PUBLIC MEDIA FOR THE BAY AREA, MAKING IT MORE INCLUSIVE, PARTICIPATORY AND COMMUNITY POWERED, WE CELEBRATE DIVERSITY, EMBRACE INNOVATION, VALUE LIFELONG LEARNING AND PARTNER WITH THOSE WHO SHARE OUR PASSION FOR PUBLIC SERVICE. FORM 990, PART III, LINE 4A: PROGRAM SERVICE ACCOMPLISHMENTS KQED'S MULTIDISCIPLINARY CONTENT TEAMS - FOCUSING ON NEWS; ARTS AND CULTURE; EDUCATION AND SCIENCE - WORK TO EXPAND REGIONAL COVERAGE AND ENSURE OUR CONTENT IS AVAILABLE VIA MOBILE, SOCIAL AND DIGITAL MEDIA AS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
WELL AS ON RADIO AND TELEVISION.	
IN FY21, NEW MULTIMEDIA PRODUCTS INCLUDED VOTER GUIDES (ONE FOR THE	
GENERAL ELECTION, ONE FOR THE CALIFORNIA GUBERNATORIAL RECALL ELECTION,	
AND ONE IN SPANISH). IN PARTNERSHIP WITH NPR, KQED LAUNCHED CONSIDER	
THIS, A DAILY NEWS PODCAST WITH AN INNOVATIVE FORMAT. AND ON OUR WATCH,	
ABOVE THE NOISE, DEEP LOOK, MINDSHIFT, RIGHTNOWISH, BAY CURIOUS, SOLD	
OUT: RETHINKING HOUSING IN AMERICA, AND OTHER PROJECTS CONTINUED.	
EACH YEAR, KQED CELEBRATES THE DIVERSITY OF OUR COMMUNITY WITH A	
SPECIAL LINEUP OF PROGRAMS, INCLUDING EVENTS AND FILM SCREENINGS DURING	
BLACK HISTORY, WOMEN'S HISTORY, ASIAN AMERICAN PACIFIC ISLANDER,	
LESBIAN GAY BISEXUAL TRANSGENDER QUEER (LGBTQ), LATINO HERITAGE, INDIAN	
HERITAGE, AND DISABILITY CULTURE AWARENESS MONTHS. KQED HAS LONG	
RECOGNIZED THE IMPORTANT CONNECTION BETWEEN CULTURAL HERITAGE AND THE	
ARTS AND HAS MADE EVENTS (ONLINE THIS YEAR BECAUSE OF THE PANDEMIC) AN	
INTEGRAL PART OF OUR HERITAGE MONTH CELEBRATIONS.	
FORM 990, PART III, LINE 4B:	
PROGRAM SERVICE ACCOMPLISHMENTS	
KQED 9 AND KQED PLUS ARE AMONG THE NATION'S MOST-WATCHED PUBLIC	
TELEVISION STATIONS WITH AN AVERAGE OF 797,000 WEEKLY VIEWERS IN THE	 :
SAN FRANCISCO-OAKLAND-SAN JOSE MARKET. KQED OWNS AND OPERATES PUBLIC	
TELEVISION STATIONS KQED-TV/DT CHANNEL 9 (SAN FRANCISCO), KQEH-TV/DT	
CHANNEL 54 (SAN JOSE) AND KQET-TV/DT CHANNEL 25 (WATSONVILLE/MONTEREY).	
KQED'S DIGITAL TELEVISION CHANNELS INCLUDE KQED 9, KQED PLUS, KQED	
WORLD, AND PBS KIDS, AND ARE AVAILABLE 24/7 OVER THE AIR AND ON CABLE.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
VÕBD INC.	94-1241309
SINCE FIRST GOING ON THE AIR IN 1954, KQED HAS BEEN AN INTEGRAL PART OF	
THE BAY AREA'S MEDIA AND CULTURAL LANDSCAPE, THE STATION PRODUCES ITS	
OWN UNIQUE CONTENT AND COLLABORATES WITH FILMMAKERS AND DOCUMENTARY	
PRODUCERS TO PRESENT INDEPENDENT PROGRAMMING.	
KQED PUBLIC TELEVISION IS COMMITTED TO PRODUCING, CO-PRODUCING AND	
PRESENTING CONTENT THAT SERVES THE PEOPLE OF NORTHERN CALIFORNIA AND	
BEYOND. IN FY21, KQED CONTINUED TO BROADCAST LOCALLY PRODUCED SERIES	
SHOWCASING DIFFERENT ASPECTS OF LIFE IN THE BAY AREA. PROGRAMS INCLUDED	
THE 16TH SEASON OF CHECK, PLEASE! BAY AREA, WHERE LOCAL DINERS REVIEW	
THEIR FAVORITE BAY AREA RESTAURANTS AND A NEW SPINOFF: CHECK, PLEASE!	
YOU GOTTA TRY THIS! THE 8TH SEASON OF KQED NEWSROOM, A WEEKLY	
MULTIPLATFORM NEWS PROGRAM ON TELEVISION, RADIO AND ONLINE, AND THE	
DOCUMENTARY SERIES TRULY CA, WHICH PRESENTED 7 INDEPENDENTLY PRODUCED	
FILMS IN ITS 16TH SEASON.	
KQED WAS ALSO A LEADER IN PRESENTING INDEPENDENT PRODUCTIONS TO	
NATIONWIDE AUDIENCES, INCLUDING BLOODLINE, UNADOPTED, JOSEPH ROSENDO'S	
TRAVELSCOPE, ROADTRIP NATION, KQED SUPPORTED THESE PROGRAMS IN FINDING	
DISTRIBUTION AND NATIONAL AUDIENCES IN FY21.	
<u></u>	
FORM 990, PART III, LINE 4C:	
PROGRAM SERVICE ACCOMPLISHMENTS	
KQED PUBLIC RADIO IS AMONG THE MOST-LISTENED-TO PUBLIC RADIO STATIONS	
IN THE NATION, WITH AN AVERAGE OF 733,000 WEEKLY RADIO LISTENERS IN THE	
SAN FRANCISCO METRO SURVEY AREA AND AN ADDITIONAL 22,200 IN THE	
SACRAMENTO AREA	

09300803 153424 0196238-00001

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
HOSTS ONLINE SERVICES FOR KQED PUBLIC TELEVISION, KQED PUBLIC RADIO AND	
KQED EDUCATIONAL SERVICES; AND SERVES AS A COMMUNITY CONVENER,	
PROVIDING EVENT LISTINGS, RESOURCES, ONLINE POLLS, PODCASTS, BLOGS AND	
OTHER ITEMS OF TIMELY INTEREST. KQED.ORG FUNCTIONS AS KQED'S THIRD	
MEDIA PLATFORM, DELIVERING CONTENT SPECIFICALLY ACQUIRED AND PRODUCED	
FOR THE WEB.	
KQED SERIES AND BLOGS INCLUDE DEEP LOOK, A REMARKABLE SCIENCE VIDEO	
SERIES ON THE PBS DIGITAL STUDIOS NETWORK; ABOVE THE NOISE, A SERIES	
THAT INVESTIGATES CONTROVERSIAL SUBJECT MATTER TO HELP YOUNG VIEWERS	
DRAW INFORMED CONCLUSIONS, ALSO ON THE PBS DIGITAL STUDIOS NETWORK; IF	
CITIES COULD DANCE, A VIDEO SERIES THAT EXPLORES DANCERS FROM AROUND	
THE COUNTRY; MINDSHIFT, A BLOG AND PODCAST SERIES EXPLORING THE FUTURE	
OF LEARNING IN ALL ITS DIMENSIONS; LOCAL NEWS PODCASTS; AND THE	
CALIFORNIA REPORT, ADDITIONAL PODCASTS INCLUDE BAY CURIOUS, ABOUT THE	
UNEXPLORED SAN FRANCISCO BAY AREA; THE BAY, A LOCAL NEWS PODCAST; AND	
MORE,	
KQED DIGITAL IS A LEADER IN THE NATIONAL PUBLIC BROADCASTING ARENA,	
DEVELOPING INTERACTIVE TECHNOLOGY PRODUCTS AND DIGITAL CONTENT THAT	
SERVE THE BAY AREA'S GROWING DIGITAL-FIRST AUDIENCE. THIS YEAR, WE	
REACHED THIS AUDIENCE THROUGH A SMART SPEAKER SERIES CALLED THE	
VOICEBOT CHRONICLES, WHICH EARNED A WEBBY AWARD FOR BEST WRITING IN THE	-
APPS, MOBILE AND VOICE CATEORY.	
	<u>_</u>
IN FY21, KQED.ORG SERVED AN AVERAGE OF JUST UNDER 1.7 MILLION UNIQUE	
USERS EACH MONTH AND AN AVERAGE OF JUST OVER 4.3 MILLION MONTHLY PAGE	
VIEWS OF ITS ONLINE CONTENT. IN FY21, KQED REACHED A WEEKLY AVERAGE OF	
032212 11-20-20 Sch	edule O (Form 990 or 990-EZ) 2020

Name of the organization	Page 2
KQED INC.	Employer identification number 94-1241309
APPROXIMATELY 448,000 UNIQUE WEBSITE USERS.	
KQED RECEIVED PROMINENT AWARDS FOR MULTIMEDIA/WEB CONTENT IN FY21,	
INCLUDING:	
- THREE NORTHERN CALIFORNIA ENVIRONMENT/SCIENCE-NEWS FOR SHORT-FORM	
CONTENT FOR DEEP LOOK;	
- A HUMAN-INTEREST NEWS OR SHORT-FORM CONTENT AWARD FOR DEAR BELOVED;	
- A LIFESTYLE: LONG-FORM CONTENT AWARD FOR CHECK, PLEASE! BAY AREA; A	
POLITICS/GOVERNMENT/SOCIETAL CONCERNS-NEW FOR SHORT-FORM CONTENT AWARD	
FOR WHAT DOES IT MEAN TO BE AN ANTIRACIST?;	
- A PUBLIC AFFAIRS PROGRAM AWARD FOR OUT ON THE INSIDE: TRANSGENDER	
WOMEN SHARE STORIES FROM A CALIFORNIA PRISON. IN ADDITION, KQED WON	
FIVE NATIONAL EDWARD R. MURROW AWARDS: EXCELLENCE IN SOUND FOR	
CALIFORNIA SOUNDS;	
- NEW YEAR'S DAY MUSIC THAT HASN'T BEEN HEARD IN 500 YEARS; IN	
INVESTIGATIVE REPORTING FOR OLDER AND OVERLOOKED. AND FIVE REGIONAL	
EDWARD R. MURROW AWARDS FOR EXCELLENCE IN DEI: SOUND OUT;	
EXCELLENCE IN INNOVATION: THE VOICEBOT CHRONICLES;	
- EXCELLENCE IN SOUND: NEW YEAR'S DAY MUSIC THAT HASN'T BEEN HEARD IN	
500 YEARS;	
- FEATURE REPORTING: FOR HIV SURVIVORS, THE PANDEMIC IS A SAD REMINDER	
OF EARLY DAYS OF AIDS;	
- INVESTIGATIVE REPORTING: FOR OLD AND OVERLOOKED. IN ADDITION, KQED WON	
A WEBBY AWARD FOR VIDEO IN THE TRAVEL & LEISURE CATEGORY FOR IF CITIES	
COULD DANCE;	
- A JACKSON WILD MEDIA AWARD IN ANIMAL BEHAVIOR SHORT FICTION FOR DEEP	
LOOK, AND AN SPJ NORCAL EXCELLENCE IN JOURNALISM AWARD FOR SCIENCE,	
ENVIRONMENT AND HEALTH REPORTING (TV/VIDEO) FOR DEEP LOOK SEGMENTS.	
092212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW PROCESS	
THE PROCESS FOR REVIEWING THE KQED FORM 990 PRIOR TO FILING INCLUDES A	
REVIEW BY THE CONTROLLER, CFO, AND THE AUDIT COMMITTEE OF THE BOARD. THE	
ORGANIZATION'S CPA FIRM PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE AT A	
VIRTUAL MEETING. AFTER THE AUDIT COMMITTEE APPROVES THE FORM 990, IT IS	
PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORING AND ENFORCEMENT OF CONFLICT-OF-INTEREST POLICY	
IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL	
DIRECTORS, OFFICERS, AND KEY EMPLOYEES FILL OUT AND SIGN A CONFLICT OF	
INTEREST DISCLOSURE FORM, WHICH IS REVIEWED AND MAINTAINED IN THE GENERAL	
COUNSEL'S OFFICE, KEY EMPLOYEES AND OFFICERS FILL OUT THE CONFLICT OF	
INTEREST DISCLOSURE FORM ANNUALLY, BOARD OF DIRECTORS FILL OUT THE CONFLICT	
OF INTEREST DISCLOSURE FORM WHEN THEIR INITIAL TERM COMMENCES, AND THEN ARE	
ASKED ANNUALLY TO REPORT ANY CHANGES THAT WOULD GIVE RISE TO A CONFLICT OF	
INTEREST. IF A CONFLICT OF INTEREST WERE TO ARISE, THE KEY EMPLOYEE,	
OFFICER OR BOARD MEMBER WITH THE CONFLICT WOULD BE RECUSED FROM THE	
DECISION MAKING PROCESS.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES	
THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE	
COMPENSATION OF THE PRESIDENT/CEO, AND IT MAKES RECOMMENDATIONS TO THE	
BOARD OF DIRECTORS, WHO APPROVE ANY SUCH COMPENSATION. THE PRESIDENT/CEO IS	
RECUSED FROM ANY DISCUSSION AND VOTE. THE PROCESS FOLLOWED BY THE BOARD TO	
DEVELOP AND APPROVE THE COMPENSATION PACKAGE FOR THE PRESIDENT/CEO INCLUDED	
039212 11-20-20 Cohe	dula O (Earm 000 at 000 EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
THE REVIEW OF DATA ON COMPARABLE COMPENSATION PACKAGES AND RECOMMENDATIONS,	
PREPARED BY AN OUTSIDE CONSULTANT, BASED ON THE DATA AND RECOMMENDATIONS	
FROM THE CONSULTANT AS WELL AS AN EVALUATION OF THE PRESIDENT/CEO'S	
PERFORMANCE AGAINST PREVIOUSLY SET GOALS, THE EXECUTIVE COMMITTEE	
DELIBERATED AND AGREED ON RECOMMENDATIONS TO THE BOARD. THE FULL BOARD	
DELIBERATED ABOUT THE COMPENSATION PACKAGE BASED ON THE RECOMMENDATIONS	
FROM THE EXECUTIVE COMMITTEE AND APPROVED THE SALARY FOR THE PRESIDENT/CEO.	
IN DETERMINING SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES, KQED'S	
PRESIDENT/CEO, ITS CHIEF ADMINISTRATIVE AND OPERATIONS OFFICER AND ITS	
EXECUTIVE DIRECTOR OF HUMAN RESOURCES ANALYZE THE DATA FROM RELEVANT	
COMPENSATION SURVEYS, INCLUDING THE EXECUTIVE COMPENSATION SURVEY SPONSORED	
BY WETA, AND THE EXECUTIVE COMPENSATION FOR PBS STATION SURVEY. IN	
ADDITION, THEY HAVE DISCUSSIONS WITH CONTEMPORARIES AT SIMILARLY SITUATED	
PUBLIC BROADCASTING STATIONS CONCERNING COMPENSATION FOR KEY EMPLOYEES IN	
COMPARABLE POSITIONS, FINALLY, THEY CONSIDER THE HISTORICAL AND CURRENT	
COMPENSATION PAID BY KQED FOR COMPARABLE POSITIONS, AS WELL AS THE SKILLS	
AND EXPERIENCE OF THE INDIVIDUAL EMPLOYEE.	
FORM 990 PART VI, LINE 17 LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, ND	
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME	
PERIOD OF TIME SET FORTH IN 26 U.S. CODE 6104(D). CONDENSED FINANCIAL	
032212 11-20-20 Sche	edule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KQED INC.	Employer identification number 94-1241309
INFORMATION IS ALSO MADE AVAILABLE TO THE PUBLIC VIA THE ANNUAL KQED REPORT	
TO THE COMMUNITY, WHICH IS POSTED ON THE ORGANIZATION'S WEBSITE IN ADDITION	
TO ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS.	
FORM 990, PART VIII, LINE 1E:	
CONTRIBUTIONS RECEIVED AS GOVT. GRANTS	
CORPORATION FOR PUBLIC BROADCASTING IS A PRIVATE, NOT-FOR-PROFIT	
CORPORATION, IT RECEIVES APPROPRIATIONS FROM CONGRESS, WHICH IT	
DISTRIBUTES TO SUPPORT A NATIONAL POLICY FOR GROWTH AND DEVELOPMENT OF	
RADIO AND TELEVISION BROADCASTING.	
THE CORPORATION WAS GRANTED A LOAN (THE "LOAN") FROM COMMUNITY	
REINVESTMENT FUND, INC. IN THE AGGREGATE AMOUNT OF \$8,116,900, PURSUANT	
TO THE PAYCHECK PROTECTION PROGRAM (THE "PPP") UNDER THE CORONAVIRUS	
AID, RELIEF AND ECONOMIC SECURITY ACT ("CARES ACT").	
THE LOAN, DATED APRIL 17, 2020, WITH A MATURITY DATE OF APRIL 17, 2022,	
BEARS INTEREST AT A RATE OF 1% PER ANNUM, ACCRUED INTEREST FOR THE YEAR	
ENDED SEPTEMBER 30, 2021 WAS \$56,485. FUNDS FROM THE LOAN MAY ONLY BE	
USED FOR PAYROLL COSTS, COSTS USED TO CONTINUE GROUP HEALTH CARE	
BENEFITS, MORTGAGE PAYMENTS, RENT, UTILITIES, AND INTEREST ON OTHER	
DEBT OBLIGATIONS INCURRED BEFORE OCTOBER 4, 2020. THE COMPANY HAS USED	
THE ENTIRE LOAN AMOUNT FOR QUALIFYING EXPENSES. UNDER THE TERMS OF THE	
PPP, CERTAIN AMOUNTS OF THE LOAN MAY BE FORGIVEN IF CERTAIN CRITERIA	
ARE MET.	
THE LOAN, INCLUDING ACCRUED INTEREST OF \$93,400, WAS FORGIVEN ON JUNE	
14, 2021.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2020

OMB No. 1545-0047

Employer identification number Open to Public Inspection 94-1241309 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ROED INC. Name of the organization Department of the Treasury Internal Revenue Service Part I

(f) Direct controlling entity			tax-exempt	rolling Section 512(b)(13) controlled entity?			Schedule R (Form 990) 2020
(e) End-of-year assets			had one or more related	the controlling section (3)) (f) Direct controlling entity			Sche
(d) Total income En			t IV, line 34, because it	(d) (e) Exempt Code Public charity section status (if section 501(c)(3))			
(c) Legal domicile (state or foreign country)			wered "Yes" on Form 990, Par	(c) Legal domicile (state or E) foreign country)			
(b) Primary activity			ns. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	(b) Primary activity			or Form 990.
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations. Organizations during the tax year.	(a) Name, address, and EIN of related organization			For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020 KQED INC.

94-1241309

Page 2

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

(j) (k) General or Percentage managing ownership			re related
(j) General or managing partner?			or mo
Code V-UBI Ge amount in box m 20 of Schedule PK-1 (Form 1065)			because it had one
(h) Disproportionate allocations?			rt IV, line 34,
(g) Share of end-of-year assets			on Form 990, Pa
(f) Share of total income			on answered "Yes"
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			nplete if the organizatic
(d) Direct controlling entity			ration or Trust. Con
(C) Legal domicile (state or foreign country)			s a Corporat
(b) Primary activity			anizations Taxable a
(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a comporation or trust clump the tax year

-	, , ,								
(a)	(q)	(0)	(P)	(e)	£		3	€	ľ
Name, address, and EIN of related organization	Primary activity	Legal domicile Di (state or foreign	rect contro entity	Type of entity (C corp, S corp	Share of total income	Share of end-of-year	ege di	Section 512(b)(13) controlled entity?	13) ed
		country)		1 1 100				Yes No	o _N
									1
CHARITABLE REMAINDER UNITRUST (13)	INVESTMENT	CA	N/A	TRUST					×
									I
	1								
									ĺ
								l	ľ
								H	1
	I -								

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 KQED INC.			1-46	94-1241309	ć	
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	swered "Yes" on Forn	n 990, Part IV, line 34, 35b			ŭ.	2000
Note: Complete line 1 if any ordinal interval in the part of the second						
During the town of did the person of the second of the sec	:				Yes	_S
December of the law year, and the organization engage in any of the follower.	is with one or more re	owing transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
	у	***************************************		1a		×
b Gift, grant, or capital contribution to related organization(s)				=		×
c Gift, grant, or capital contribution from related organization(s)				-		
				2 7		×
e Loans or loan guarantees by related organization(s)		***************************************				,
	***************************************	***************************************		<u>e</u>		×[
				,		7,
()		***************************************		<u> </u>		4 ,
Purchase of assets from related organization(s)			***************************************			4 ,
			***************************************	€		× ,
				=		×
Lease of lacinities, equipment, or other assets to related organization(s)			***************************************	=		×
(1) - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
		***************************************		¥		×
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınization(s)			=		×
 m Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)			-th	300	×
	ion(s)			th		×
 Sharing of paid employees with related organization(s) 						×
Reimbursement paid to related organization(s) for expenses				ţ] ×
		11111111111111111111111111111111111111		₹		. ,
		111111111111111111111111111111111111111			1	Γ
That transfer of each or proposed to related economication(a)						
	***************************************		***************************************	+		×
~			***************************************	18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	unt involved		ĺ
(1)						
E.						ĺ
						1
(3)						
400%						Ï
(4)						1
(5)						
(9)						1
032163 10-28-20	59		Sche	Schedule R (Form 990) 2020	n 990) 20	03 03

KQED INC. Schedule R (Form 990) 2020 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Dispusor Code V-UBI General or Percentage incalions? of Schedule K-1 Percentage overership Yes No (Form 1065) Yes No 3 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Ξ Ξ Share of end-of-year assets Share of total income Predominant income parties second from tax under second from tax u (state or foreign e Legal domicile <u>©</u> Primary activity 9 Name, address, and EIN of entity (a)

Schedule R (Form 990) 2020

09